

THE ALKALOIDAL CLINIC.

VOL. 3.

APRIL, 1896.

No. 4

THE ALKALOIDAL CLINIC

A Monthly Journal Devoted to Accuracy in Therapeutics, with Practical Suggestions Relating to the Clinical Application of the Same.

DR. W. C. ABBOTT, Editor and Publisher

ADDRESS

THE ALKALOIDAL CLINIC
STATION X, CHICAGO

Subscription Price:

United States and Canada, \$1.00 per year, in advance.

Single Copies, 10 cents.

Four years for \$3.00, cash in advance.

ARTICLES on subjects coming within the scope of the different departments of this journal are solicited from all our readers. For each one used, if desired, we will supply the writer with twenty-five copies containing the same, or will send *THE ALKALOIDAL CLINIC* for three months to any ten physicians whose names and addresses accompany the article. Write on one side of the paper, and every other line only; say what you mean to say, and be brief and plain.

QUESTIONS of interest to our readers along this line will be answered in our Miscellaneous Department. We expect those to add much of interest to our pages.

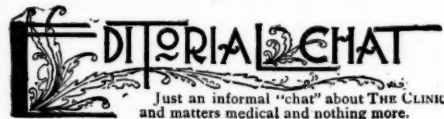
OUR AIM is to make this journal an informal interchange of thought and experience between those interested in Alkaloidal medication.

Address as above.

Entered at the Chicago Postoffice as second-class matter.

IMPORTANT NOTICE.

Watch your date of expiration on outside of wrapper; a pink wrapper means that your subscription has expired. Unless we hear from you to the contrary we assume it your pleasure that we continue, expecting to receive a remittance at your earliest convenience. If you want the Clinic stopped please say so.



Just an informal "chat" about *THE CLINIC* and matters medical and nothing more.

We feel that a word of explanation is due our subscribers in view of our recent change of policy in regard to continuance. As you know, we first adopted the plan of stopping the Clinic as soon as the period for which a subscriber paid in advance had expired, but were soon in trouble as many of our most interested readers failed to renew when they should and were both disappointed and displeased that the monthly visits of the Clinic were stopped, only to renew and find the

backnumbers file exhausted. For this reason, and knowing that we were every now and then unconsciously working an injustice to one who was short of ready money at the time of expiration, we decided to change the plan and to continue mailing to our regular subscribers asking from them the courtesy of a notice to stop. That this was the better plan was quickly manifest from such expressions as the following:

"I regret that owing to having been sick for a long time and unfortunate speculation I am 'dead broke' at present and cannot renew my subscription to the Clinic for some little time. I would not like to have its visits stopped if you can stand the pressure. I thank you for having been kind enough to keep sending it so long without remuneration."

We do not wish to urge the Clinic upon anyone, but we are sufficiently mercenary not to want to lose a subscriber that is sufficiently interested to want to stay; therefore, we shall continue the latter plan until some other seems better. If you, reader, received this number in a pink wrapper please send your renewal or a postal card asking us to stop. This, we believe to be our just due.

Every reader of the Clinic has many friends that would be interested in it and we should be glad to receive their names for sample copies. If you feel disposed to help advance the work we will send the Clinic for three months to as many of your friends as you will designate accompanying your request with 10 cents for each one and we will send each a notice stating from whom the courtesy comes. We also extend the same opportunity to any reader of this, not now a subscriber, for himself and friends. These will not be considered regular, paid-up subscribers and the Clinic will be stopped at the expiration of the third month unless a regular subscription is secured. Let us have a lot of these trial subscriptions that the knowledge of the work being done by the Clinic may be extended to all who may be interested to profit thereby.

LEADING ARTICLES

We solicit papers for this department from all our readers. They should be on topics kindred to the scope of THE CLINIC, and not too long.

DEFICIENT EXCRETION FROM KIDNEYS NOT ORGANICALLY DISEASED AND SOME OF THE DISEASES PECULIAR TO WOMEN.

By James H. Etheridge, A. M. M. D.

Professor of Gynecology and Obstetrics Rush Medical College. Professor Gynecology Chicago Polyclinic, Consulting Gynecologist to St. Joseph's Hospital, Etc., Etc.

Infection is one of the most absorbing topics in the healing art to-day. The enormous range of surgical infection is strewn with tragedies. A large portion of a surgeon's life-work is devoted to dealing with the complications arising from septic absorption. His satisfaction in his cases is secured only when he is certain that they have escaped it.

Infection in medical cases has been studied in every possible direction. Every new text book contains further and greater investigation in each infection than its immediate predecessor of a few months earlier failed to record. The medical world is aroused in the pursuit of these inquiries. The last quarter of the present century will have erected a monument to medical advance whose equal has never been produced.

The era is just dawning upon us wherein a line of infections as old as the human race is about to receive the attention of the medical world. They are the Auto-Infections. They have, as yet, received but a minimum of our consideration. They enter the most largely into the causations of death because they are almost always present in all fatal cases wherein traumatism has not acted a part.

Toxic materials always reside within the human bodies. They constitute the waste products of living beings. From birth to death they battle for supremacy. So long

as they are plentifully excreted, death is postponed. The skin, the pulmonary mucous membrane, the bowel and the kidney constitute the avenues of escape of all toxic materials from our bodies. If one of these emunctories be crippled the initiation of death is manifest. We never prescribe for a medical case that does not prevent this crippling: The physician who busies himself with solving the problem of the initial departure from the proper performance of excretion of any one of these emunctories, enters a new field of labor. It is the most interesting one he can invade to-day. In it he encounters myriads of human beings a long way ahead of the time when they consult medical talent. Herein he deals with the beginnings of disease. He soon learns to regard the causes of the diseases that he treats as far removed from the organs whose initial departure from healthy action must be held responsible for what he treats, as in gout, in pneumonia or in rheumatism.

The chief sources of auto-infections are the tissues, the secreting organs, foods and putrefactions. All of the secretions and excretions contain poisons. Feces, urine, bile, saliva, carbonic acid and sweat are poisonous. Even the blood is toxic. It is continuously being traversed by a current of toxic material. In health its elimination is incessant therefore it does not kill. If its excretion is interfered with so that it becomes two and one-half times greater than the normal quantity it will produce death.

The writer desires to call attention to only one of these emunctories in this paper—viz., the kidneys—and to one fault of these organs and that is their insufficient work independently of their organic diseases. He desires to direct attention to this phenomenon in only one class of patients, the gynecological patients. Women with sound kidneys, so regarded, are alone referred to. No allusion is here made to patients with organically diseased kidneys; such women are relegated to the nephrologist. Concerning them this declaration is laid down. Very many gynecological patients suffer greatly from the renal insufficiency and properly selected diuretics will relieve many of their symp-

toms commonly referred to the reflexes from pelvic maladies. Due attention to this condition assists greatly in curing these patients who are numbered by the thousands. These thousands are the ones who do not need the brilliant exploits of the gynecological surgeon. They comprise that vast number of women who frequent our offices twice or thrice a week for stated treatments.

Urine is composed of water and certain solids dissolved in it. The amount of solids is proportionate to normal body weight. This proportion is fairly constant—enough so to constitute a safe working base. If the solids are excreted in sufficient quantity, a normal condition exists. If they fall short of it, say twenty per cent., an insufficient quantity is excreted, a condition called "renal insufficiency."

To arrive at a more definite conclusion I have had an expert physiologist construct the following table, showing the amount in grains of normal excretion of urinary solids in human beings weighing from ninety to a hundred and eighty pounds. Since these figures refer to perfectly healthy human beings, it is safe to adopt a diminished amount of grains of excretion as a working basis. Accordingly, the two extremes of estimates of the urinary solids may be safely adopted as five hundred and eleven hundred grains:

Weight.	Urinary Solids.
40 pounds	392 grains.
50 "	479 "
60 "	563 "
70 "	639 "
80 "	716 "
90 "	789 "
100 "	854 "
110 "	916 "
120 "	974 "
130 "	1028 "
140 "	1078 "
150 "	1150 "
160 "	1198 "
170 "	1237 "
180 "	1260 "
190 "	1300 "
200 "	1330 "

To estimate the urinary solids is an ex-

tremely simple matter. To be of value, we must understand in a general way how much of solids each patient should excrete. Women, according to height, weigh from ninety to one hundred and eighty pounds. Reference to abnormally lean or stout women is not included in these extremes. Many women do not even weigh ninety pounds, yet they are perfectly healthy. Then again there are very many women who weigh over two hundred and fifty or even three hundred pounds. Such extremes of body weight are disregarded. The amount of solids voided by healthy human beings, as stated before, may be assumed to vary from five hundred to eleven hundred grains daily, according to body-weight. Thus the women weighing ninety pounds ought to pass five hundred grains, and the women weighing one hundred and eighty pounds ought to excrete eleven hundred grains of urinary solids. It is an easy matter to estimate the amount of solids that women of intermediate weight should void.

Various working formulae exist for estimating solids. It is understood that all solids of the urine are thus included. Innumerable articles have appeared in the past on the methods of estimating urea. The topic under consideration includes, not only urea; it includes everything solid. The formula herein recommended is known as Haines' modification of Haeser's method.

Its simplicity and speedy solution relieve it of all the objections belonging to all formulae relating exclusively to estimating urea. It is this: Multiply the last two figures of the specific gravity of the urine by the number of ounces voided in twenty-four hours and the product by 11-10. Thus: If the amount of urine voided in twenty-four hours be 36 ounces and its specific gravity be 1021, the formula would read 36 times 21 times 11-10, equals 831, the number of grains of solids contained therein. These figures can be obtained at once upon measuring and taking the specific gravity and the amount of solids can be calculated without a moment's delay. This estimate includes urea and all the other solids. Should we wish to estimate the amount of urea separately, that is quite an-

other matter, requiring time and delicate chemical manipulation. This advantage exists in favor of estimating the amount of solids, that if there is insufficiency there is unquestionably a deficiency of urea existing also. In a large practice where such calculations are made daily, sometimes several in one day, the item of time-saving is an important one.

Renal insufficiency is extremely common. It is encountered in every period of life. Unquestionably we all suffer from it at times, as is indicated by nervousness, dyspepsia, bronchitis, neuralgia, or in some women by comparative amenorrhea.

Urinary solids are a lethal poison when retained in sufficient quantities. The amount of poison in human urine required to kill is secreted by healthy persons in two and one-sixth days. Like other poisons their effect depends upon dosage; if the dose be small the effect is inconsequential; if large the effect is more serious; if very large the victim succumbs. Any person with renal insufficiency may be considered as one who has retained urinary solids in his blood where they can produce their effect with precision. It is a matter of daily observation that we see gynecological patients with renal insufficiency who present amenorrheas, neuralgias, pelvic peritonitis, dyspepsias, bronchitis, cutaneous eruptions, headaches, backaches, leucorrhoeas, nervousness, insomnias, etc. Properly treated with diuretics and the usual gynecological therapeutics such patients are relieved more quickly than when diuretics are not employed.

Bouchard, through his numberless experiments, has recounted many curious facts concerning the toxicity of urine. The poisonous action of urine excreted by day during the period of cerebral activity produces a different effect from that excreted during sleep. Day urine is more poisonous than night urine. It causes convulsions. Night urine causes coma. Man elaborates two and one-fourth less poison during sleep than during an equal time of cerebral activity. Transfusions of urine lower temperature.

We often encounter subnormal tempera-

tures in gynecological patients who present renal insufficiency. Such toxicity produces depression of the activity of the thermic centre in the medulla. Depressed temperature retards tissue metamorphosis which in turn increases auto-infections.

— : o : —

We regret that we cannot give space to all of this excellent paper this issue. Dr. Ethridge is an unquestioned authority in matters medical and we are much pleased that the Clinic is favored with this contribution. The theme is one of great importance and succeeding chapters (two), like this, are full of help. They deal with the therapeutics of the condition, illustrated by case reports, and will be published in May and June.—Ed.

HEADACHE—A REMEDY.

By John Aulde, M. D.

For a number of years I have employed for the relief of various forms of headache, neuralgia and allied affections, tablets prepared after the following formula:

Take acetanilid, 70 parts; caffeine (Alkaloid), 10 parts; sodium bicarb. (C. P.) 20 parts.

Each tablet contains two grains, and the dose for adults ranges from one to five pills, which can be repeated at intervals of from one to four hours. The above formula was published in "The Pocket Pharmacy" (1892), and the ailments to which it appeared to be adapted were arranged alphabetically, making quite a formidable list. Unfortunately, however, I did not at that time undertake to map out any physiological basis for its administration, and while I know that this combination has been used extensively by a limited number of practitioners, it has not become so general as its intrinsic merits would warrant. And I am further convinced of this through the popular sale of "cachets," made according to the formula and now advertised largely as the "Headache Cure" by one of our local druggists. It came about in this way: He said to me, "Dr., can you give me a

good formula for headache? So many people come in asking for a remedy of this character that I would like to have something simple, cheap and effective that would 'knock' the headache every time." This happened some years ago, and the ——— Headache Cure, I notice, is still on sale.

When the recommendations for this combination were written, physicians were not familiar with the antiseptic properties of acetanilide, but as an indication of how closely I had apprehended the actual truth in its clinical application, permit me to quote the paragraph relating to its employment in gastralgia.

"Acetanilid compound affords in many cases instant relief in gastralgia, gastric ulcer and gastritis, and along with antiseptics and suitable diet great improvement will follow its administration. It is especially useful when the gastritis is associated with migraine and the attacks paroxysmal. As these attacks often depend upon a sluggish condition of the liver, it is well to add mercury biniodide to the treatment."

In the medical treatment of the above described class of cases, it must be apparent that the combination performs a two-fold function, since the acetanilide enacts the role of an antiseptic in the stomach, and when taken into the system, allays or obviates nervous irritability, either through its effect upon the nervous system direct, or indirectly, because of its continued antiseptic activity, even when dissolved and distributed throughout the organism through the medium of the circulating fluids.

The contained caffeine, of course, exercises an important influence, since it prevents serious cardiac depression, due to the objectionable action of the acetanilide upon the blood which, when this drug is administered in moderately large doses, is changed to a chocolate color, the oxyhemoglobin being changed into methemoglobin, thus lessening its oxygen-carrying capacity. The object of the sodium bicarbonate is to increase the solubility and render its absorption more prompt, although its alkalinity should not be overlooked when taking into account the general effect of the combination upon the blood. A note should be

added to the effect that the tendency to collapse may be prevented by dissolving the tablet or tablets to be administered in hot water, then allowing the mixture to cool sufficiently to be drunk by the patient. It is best to begin with small doses, say, two to four grains at intervals of one or two hours, the patient being instructed to cease taking the remedy as soon as the pain begins to subside.

My original advice relating to the use of this combination for the relief of headache, was as follows:

"It is a useful remedy in all forms of headache as a palliative." Indeed, so little was said in its favor that I am not surprised because it has not attained popularity. Perhaps it might not be considered out of place here to make several additional quotations. Thus, it was recommended in influenza as follows:

"Used as an analgesic to relieve the headache and neuralgia, and as an antipyretic in the early stages to reduce the temperature. It is advisable in these cases to combine it with quinine; two grains of each given every three hours, will relieve headache and other pains, stimulate the cutaneous system, reduce fever, promote sleep and effect a marked change for the better in twenty-four hours in most threatening cases."

In neuralgia it is stated that it "Almost uniformly affords relief, but it is not curative in the true sense of the term. * * * In suitable cases a tablet containing two grains may be given at once and repeated hourly until several doses are taken, when treatment should be directed to removal of the cause."

It was also recommended for toothache, "To subdue the pain of abscess forming at the root; and may also be employed to relieve toothache occurring from exposure to cold." It should be added in this connection, that this combination is not recommended in toothache for any other purpose than as an analgesic; in the case of threatened abscess, it will be necessary to administer calcium sulphide, the use of which is elsewhere elaborated under a separate heading in the little monograph referred to previously.

Probably sufficient has been said at this time to arouse an interest, and the season of the year is now approaching when we shall have a demand for a suitable analgesic, for the relief of headache, neuralgia, rheumatism, etc., etc., and it will afford me great pleasure to hear reports from the readers of this short article.

Philadelphia.

— : o : —

The subject brought up by Dr. Aulde is timely. Following an epidemic of La Grippe like that which has been quite general throughout the country, headaches and neuralgias of different kinds are sure to come. We have long used this combination in private practice and can vouch for its efficiency. The suggestions advanced by the author simply touch around the edges of the usefulness of this compound. Feeling confident that our readers who are not familiar with this preparation will want to try it, we have provided for a limited supply of samples and will forward same on request accompanied by stamps for postage.—Ed.

SOME OBSERVATIONS ON CONSUMPTION, DIABETES MELLITUS AND CONSUMPTION IN THE NEGRO.

By W. L. Coleman, M. D.

The request of Dr. Merriman in January Clinic for treatment in a case he calls "Neuralgia of the leg," prompts this letter, and recalls my early experience with, and later observations of, patients who frequently suffered with intense pain in the muscles and sometimes the bones of the lower extremities, which puzzled and troubled me very much, because my wife was the first case to which my attention was particularly directed, and I was then utterly unable to find out or even imagine the cause. Now I would ask the Clinic's circle of readers if any of them can confirm my observations or agree with my conclusions as to the cause of this pain, both of which I will now state as briefly as I can.

In my nearly forty years of continuous,

active practice I have found that patients who suffered with this pain invariably had a family history of tuberculosis, and while they themselves were of this diathesis there was no sign of any other disease then, and it was years before any development of phthisis in most cases, though in my wife's case she was threatened and it was a continuous fight to prevent it till she passed her fortieth year. I naturally studied and investigated this diathesis to the utmost of my ability and opportunities, and have been rewarded with some success, even with the old cumbersome method of medication, there being half a dozen or more persons still living in Texas, besides my wife, whom I treated twenty-five years ago, and succeeded in arresting the disease after severe hemorrhages in some and expectoration of tuberculous matter in others.

After careful microscopic examination of the blood, together with little corroborative circumstances observed during that long period, I have come to the conclusion that this pathological condition resulted from insufficient oxygenation of the blood, on account of abnormally weak lungs and heart, which is usually the condition of these organs in tuberculous persons.

This state of things, I think, may be considered the cause also of another dread disease, diabetes mellitus which, like consumption, is only one manifestation of that great diathesis, the scrofulous, which conduces more often and more surely than any one thing else to shorten the natural period of human life. I class diabetes under the same diathesis as consumption because the dozen or more cases which I have seen treated and treated in the past six years, have all belonged without a single exception to families of that diathesis.

The weak lungs in these cases failing to furnish oxygen enough to burn up or oxidize the excess of sugar manufactured by the liver, it is thrown into the general circulation to be eliminated by the kidneys. Patients suffering with this disease complain very much of the terrible pain and weakness of the lower extremities. If I am correct as to the aetiology of this condition, may it not be regarded as an early symptom, or

prodromic of the certain coming of consumption or diabetes?

I was reared on a plantation under the old regime of slavery, and have had ample opportunities of observing the negro and learning his susceptibility to different diseases. It was generally believed that he was proof against yellow fever and consumption, but was liable to colds and pneumonia, which were particularly fatal to him. I am inclined to think that his value to his owner kept him from exposure to the contagion which accounts for his immunity from yellow fever, for in the great epidemic of 1878-79, in Memphis and other southern cities, great numbers of them succumbed to the disease.

While I never heard of or saw a case of consumption among them as slaves, yet during the past twenty years that disease has largely increased their rate of mortality, and I have known fifteen negro men in the past twelve years who died of rapid consumption in three or four months after the appearance of the first symptoms, though they were apparently stout, robust and healthy men a short time before.

I was puzzled to account for this until a few years ago I read the report of an army surgeon, whose name has slipped my memory, of a certain tribe of Indians in the northwest which was being rapidly decimated and swept from the earth by consumption, a disease wholly unknown among them a few years previous. A careful investigation revealed the fact that syphilis had been introduced among them some years before and had spread so rapidly that the whole tribe had become infected with that loathsome disease. His investigations led him to the conclusion that the consumption was the result of the syphilitic infection and he proved his theory correct by giving an active antisyphilitic treatment to a number of cases who speedily recovered, whilst all those who did not receive this treatment died of "galloping consumption."

After reading this I examined my old call books and found I had treated the initial lesion of syphilis in all of those fifteen negro men about a year before the development of consumption in each case, and that when it

was healed they stopped treatment though I warned them of the terrible consequences that might ensue from neglect to eradicate the infection from their systems, not dreaming that consumption should be included among them. This is a plausible and very probably a correct theory of the origin of consumption among the inferior races of mankind. The lower class of the southern negro has become very generally infected with syphilis, a disease from which they were scrupulously guarded when they were slaves, and it is in this class that most of the cases of consumption occur.

I have seen four cases among females in the past twelve months, all syphilitic, and the progress of the disease was very different from that of the males, in fact I ought to have stated that all these men were laborers in cottonseed oil mills, and the inhalation of the dust and lint no doubt added greatly to the rapidity of the disease and it was to this I first attributed its origin. In the females its approach was very insidious and deceptive; the first symptom being amenorrhea, which resisted all treatment for the re-establishment of the function, and lasted from six to eight months with no symptoms of consumption, except rapid decline, extreme emaciation and great debility, when all at once they began to cough and the destruction of lung tissue was much more rapid than in the males, the patient lasting from six to eight weeks from the outset of the cough.

I tried the anti-syphilitic treatment in one of these cases last year, a young woman, aged twenty, mother of a still-born child at full time. She had lost a brother of this disease a few months before. The amenorrhea had lasted four months when I first saw her and she was beginning to cough with extreme debility, emaciation and loss of appetite. I gave her protoiodide of mercury, gr. 1-6, with iodoform, cicutine and calcium sulphide for the cough, and as reconstructives, arseniates of iron, potash and soda, with quassin at meal times. She began to improve in four weeks, the menstrual function was restored, the cough ceased and she gained flesh and strength rapidly. This treatment was kept up almost continuously

for three months, when I dismissed the case, she being able to resume her avocation of washwoman.

Treatment was no part of my intention in writing this letter, so without going into further details I will say, I have had experience enough to convince me that these two major diseases can be as surely jugulated as the minor, acute disease. As "jugulation" is a subject upon which I love to dwell, I hope you and your readers will pardon me if I close with a few remarks upon that point, though they may appear stale and oft repeated.

Our wonderful Alkaloidal Therapy, according to the dosimetric method, makes medicine not only an exact science, which it never was before, but also the noblest of arts, and while its object is to cure disease quickly, safely and pleasantly, yet its highest aim and greatest medical triumph is the prevention and jugulation of disease in its initial or dynamic stage before anatomical lesions of tissues or organs have occurred, and this can be done, with this exact method of therapeutics, with mathematical exactness and with but little medicine when proper treatment is instituted early enough.

Jugulation is no longer a theory but an established fact which is being demonstrated daily by thousands of intelligent physicians in every civilized country upon our globe, and I consider it the greatest of modern medical conquests. It is beyond controversy because it is so easily demonstrated; it is above all human accidents, therefore is imperishable and is bound to triumph everywhere that prejudice and bigotry do not dominate the medical mind to the extent of preventing investigation.

It needs only to be adopted to be appreciated, yet there seems to be an incomprehensible and inconceivable intellectual stasis or apathy in regard to this method among the members of our noble profession in America. This is the more surprising when we recall that so many of them were caught and rendered ridiculous by their zealous advocacy of Koch's "Tuberculi" and Brown-Sequard's "Elixir of Life," and later by "Antitoxine." All this is to be accounted for by the fact that there still lurks, even in the

minds of medical men, a latent belief in a "panacea." How preposterous this sounds in this age of wonderful scientific and medical discoveries!

A very intelligent physician to whom I had explained Alkaloidal Therapeutics, said he believed all I had said about the method was true, but that it was too much trouble to dispense so many little granules and that he preferred to write prescriptions and have them put up with fresh (?) drugs from a druggist's shelves. Another had the temerity to say I was a poisoner, and that all my medicines were active poisons, and he thought the method was dangerous! Now, I want to say on this point, dosimetry possesses no true poisons in its arsenal of therapeutics. The alkaloids and other active principles are not the venomous principles of the plants from which they are obtained, but are their true medicinal agents; and by this exact method of accurately measured doses we are enabled to place these agents in the hands of everyone without any danger whatever.

Houston, Tex.

— : o : —

It is hoped that the discussion of the common origin of these dread diseases will not stop with this paper. Too little attention is paid to the insidious spread of syphilis, which may be the cause of the rapidly increasing death-rate from consumption. Syphilis poisons and debilitates the system, and when the break-down comes we call it consumption. Give us more light.—Ed.

Dear Doctor Abbott:—The granules and oak office case came to hand in good condition. The case is a jewel! I am delighted with it, also with the granules, tablets and dispensing conveniences. No more sloppy mixtures for me. I find the granules especially convenient for the road men, many of whom are not sick enough to lay off. They carry their little wooden bottles in their vest pockets without the least inconvenience. The women hail them with delight as I have established the reputation of giving "awful medicine." Success to you in your enterprise.

T. B. Holmes, M. D.
Wadsworth, Nev.

BLADDER AND KIDNEY AFFECTIONS.

By W. C. Buckley, M. D.

That enuresis is an incontinency or involuntary flow of urine need not be told here, but for the sake of system its telling may be excused, just as some other things not wholly indispensable in writing may be excused. For example, enuresis atonica, which depends upon a want of tone or paralysis of the bladder, and enuresis ab irritatione vel conpressione vesica, which arises from an irritation or compression of the bladder, need not be mentioned in journal writings, except for this one purpose; they serve to show the principles which the writer has in mind, and in this way he is enabled to make his methods better understood and, probably, better appreciated.

Symptoms of enuresis atonica: This affection is not generally attended with pain but proves exceedingly troublesome and distressing. Sometimes the urine passes off in drops, at others a considerable quantity passes by involuntary flow.

Causes: Enuresis atonica is generally produced by paralysis of the sphincter. Again it may have been produced by a general paralysis resulting from disease in the nerve centers governing the function of this organ. When the bladder symptoms alone are present, and no signs of paralysis exist elsewhere, I would say that the bladder itself is not paralyzed, but the energy governing the sphincters is in a state of deficiency. The bladder may be over distended, hence the urine passes off continuously in drops.

Enuresis from compression and irritation: This arises from mechanical causes such as tumors, enlarged ovaries, diseased mesenteric glands and diseases of the lower bowel. Pressure of the uterus during pregnancy and morbid growth of the uterus also cause it by pressure upon the bladder.

Therapy: In the variety first named, where partial retention produces an overflow and an involuntary discharge, the remedy often of most use is the more or less frequent introduction of a flexible catheter, together with the use of such medicinal

agents as tend to restore functional activity to the organ. In some cases medicinal agents alone are quite sufficient to produce a restoration of the lost power of the bladder. Sometimes electricity may be used effectually, if properly applied. When the discharge occurs during the night and in sleep it may be the partial result, at least, of increased warmth of the genitals or irritation of the anus, or both, and these should be looked after. For the first, a hard, cool bed and a dose of camphor monobromide with belladonna or atropine may be employed with success. If from the latter cause, a hyoscyamine suppository (rectal) may be used to advantage. If from seat worm combine with this suppository a small quantity of santalin.

When there is evidence of direct vesical irritation, cantharidine or the tincture of cantharides in very minute doses will be very sure to bring about the desired result, especially when the urine passes off in drops. When the discharge is copious and without pain—paralysis of the sphincter—or when the disease depends upon paralysis from central causes, minute doses of hyoscyamus, or hyoscyamine will often give the best results, but remember that the dose must be minute or aggravation will follow. As a medical gentleman said to me once in consultation, "give the potassium bichromate; dissolve two or three granules in half a glassful of water and give of this teaspoonful doses every half hour or hour, till the cough is better, then every two hours till well. This is worse than homeopathy, but it will cure," and it did, to my surprise, although I am not easily surprised at the good effects of small doses, when medicines are properly applied. So, if you have a case such as I have described, you may take the hyoscyamine granules, two or three in half a glassful of water and give teaspoonful doses once in three or four hours, and you will do well. When caused from want of tone in the sphincter muscles or from sympathetic irritation from piles, cure the piles, of course. For the how to do this, follow up Dr. John A. Hawkins' paper in the Clinic. In the meantime give strychnine in minute doses.

When the involuntary discharge is at-

tended with a mucous diarrhea, as it sometimes is, especially with women and young girls, it shows intestinal irritation. For this give pulsatilla, or anemonin, its active principle, and you will be pretty sure to hit the mark. Give a granule of anemonin every two hours till better, then less frequently.

Enuresis of a painful nature, occurring about the menopause and with frequent flashes of heat, arising probably from uterine and ovarian changes usually found at that time, will be successfully met by the Buckley's Uterine Tonic, especially if given with laxative doses of the sulphur comp. granules. I don't say these are infallible but they are usually effectual. For the same conditions fractional doses of the tincture of arnica root, given every two or three hours may be found effectual; arnecin may also be employed, but I have had no experience with this. In the same class of cases with vesical tenesmus and frequent urination I have had excellent results from senecia gracilis or rich weed; the senecin, its active principle, is also effectual and handy to administer.

In all cases where the urine is scalding and burning, a fraction of a drop of the tincture of cantharides every two or three hours, with an infusion of althea officinalis, may be given with good effect. Give two ounces of the infusion and one-twentieth to one-fifth of a drop of the tincture of cantharides every two or three hours. In irritation and inflammation of the bladder, the condition of the urine must be inquired into chemically and microscopically. There is here often a double source of irritation, alkalinity on the one hand and acidity on the other—uric acid in the urine and chlorides in the mucous. Cleansing of the intestines therefore by the seidlitz salt is frequently necessary as accumulation of fecal matter augments urinary difficulties. Benzoic acid should be given, combined with digitalin to get rid of the acids and chlorides, and any existing tenesmus may be calmed by hyoscyamine. A granule of each may be given every half hour till relieved, then every hour or two hours till the patient is well.

Surgical causes of catarrh of the bladder need not be considered here, but I may say

that even with them dosimetric medicines are of great value, as the phenomena observed are on the one side spasm of the neck of the bladder and on the other paralysis of the body of that organ. Before resorting to instrumental measures it is better to remove the above named vital causes by means of the alkaloids, strychnine, hyoscyamine and cicutine, a granule of each every half hour till the spasm ceases and the patient is relieved. In all cases where fever is present the defervescent remedies, veratrine, aconitine and digitalin should be administered till effect.

In the February number of the Clinic, Dr. Welch has given some valuable remarks on the treatment of cystitis. I can endorse his treatment. I have for many years prescribed the althea in the form of infusion which contains asparagin. I have also prescribed the asparagin itself in urinary difficulties with good effects. Urethral irritation and sexual excitement, especially in the rheumatic and gouty diathesis, are relieved by asparagin; so also is palpitation of the heart in the same class of cases.

Kidney affections will be taken up next.
723 Berks St., Philadelphia, Pa.

— : o : —

The care with which the author tells you what he does, how he does it, why he does it and with what result, is to be commended. His treatment is always along rational lines and he is, therefore, more than usually successful in his work.—Ed.

Editor Alkaloidal Clinic:—I have used the pocket case you sent me in quite a number of cases and the results were very gratifying. In one case in particular, where I had used a great number of cough mixtures for a bronchitis without any effect whatever. I allowed the patient to be without medicine two whole days and then gave one granule each of codeine, emetine and hyoscyamine every hour, and from the beginning the cough commenced to improve and in four or five days my patient was well. I am well pleased with the remedies and shall try them further.

A. M. Edwards, M. D.

Marion, Ill.

THERAPEUTIC NOTES.

By J. P. Thorne, M. D.

Attending Physician for Eye, Ear, Nose and Throat Diseases, Palmer Memorial Hospital.

These notes are the result of several years' experience with the remedies mentioned and may be suggestive to some Clinic readers.

Hyoscine hydrobromate is a hypnotic of decided value. Where a cerebral sedative is wanted the small dose, gr. 1-1,000, frequently repeated until the desired effect is obtained, gives pleasant results.

Sodium nitrite in 1-6 grain doses has been a favorite diuretic of mine for five years. It produces satisfactory diuresis, both by increasing the blood pressure and by direct action on the kidneys. Wherever a diuretic of this character is needed, this remedy can be depended upon.

Sparteine sulphate is a valuable cardiac stimulant worthy of more extended use. Its action is very prompt and though it is not as powerful as digitalin it is more lasting. I have found it beneficial in organic affections of the heart, many times. It is a prompt, efficient and reliable heart stimulant, useful in a variety of cases.

Iron iodide is an old remedy the value of which cannot be overthrown even though some modern writers do say iron is of no value. I do not believe in large doses of iron, but small doses are certainly assimilated to great advantage in properly selected cases. In the granule form this drug is conveniently administered, and where iron or an iodine is indicated will be found superior to other preparations.

Pilocarpine is a powerful diaphoretic, diuretic and evacuant. It has an action on the internal ear which makes it a valuable remedy for the otologist. I have used it extensively in labyrinthine affections and it has a permanent place in my armament. In these cases it has been highly extolled by some and as emphatically condemned by others. My experience has been that in many cases, given in small doses for a long period of time, it has a marked and permanently bene-

ficial effect; while in some cases it produces no impression. Recent reports by careful observers, after continued use of pilocarpine, pronounce it of decided value in many cases of labyrinthine trouble.

Janesville, Wis.

— : o : —

How much better it is to give our professional brethren "pointers" of this character than it is to keep every bit of successful experience to one's self. Clinic readers are coming to the front, but some are yet too slow. If you haven't a new idea, emphasize and make more clear an old one; even that will do us good, and what seems old to you may be new to many others, as the use of sodium nitrite, as suggested by Dr. Thorne, is to your editor. What do you know about it, brethren?

This suggestion is directly in line with Prof. Ethridge's article on another page, and may be of interest to him as well as to we less favored mortals. If a good diuretic in the dose indicated, it is a valuable acquisition, as it is handy to dispense, pleasant to take and cheap.—Ed.

THE MATERIA MEDICA AND THERAPEUTICS OF ANEMONIN.

By A. H. Simonton, M. D.

This plant is of the natural order of Ranunculaceae and genus *Anemone*, from *Anemos*, the wind, so named upon the supposition that its flowers only opened when the wind was blowing. The American Pasque Flower grows upon the prairies from Wisconsin northward and westward to the Rocky Mountains. It flowers about Easter, so has been given the name of "Pasque Flower." Its peculiar effect upon the nose and eyes when crushed between the fingers gave it another name—the "Hartshorn Plant." The whole fresh plant is used, and its tincture has an acrid, astringent taste and acid reaction.

I am unable to find any chemical data upon this particular species, but it is said to be similar to its European relative, "*anemone pulsatilla*" which together with "*anemone nemorosa* and *pratensis*," contains

a crystallizable substance called anemonin. This body forms in colorless crystals from an adequate distillate of the herb when the volatile oil is present. When dry it has a sharp and burning taste and neutral reaction.

Anémionic Acid.—This amorphous white powder separates from the aqueous distillate together with the above and under the same circumstances. It is a tasteless acid, insoluble in water, alcohol, ether, oils and dilute acids, but enters into combination with alkalis. Oil of anemone.—This acrid, yellow oil separates from the aqueous infusion of the plant, and, owing to the presence of the water, soon breaks down into the bodies mentioned. The tincture, (which depends upon its alkaloid for its action) when taken in moderate doses, as reported by Drs. Burk, Duncan, Tresselhoeft and others, produces profuse lacrymation, with smarting of the eyes, mouth and throat, followed by mucoid discharges; sharp pains about the stomach and bowels with rumbling of flatus; pressure in the region of the stomach as from weight; frequent urging to urinate with an increased secretion; a tickling in the throat and constant inclination to cough; rheumatic pains, especially in the thighs, with erysipeloid eruptions especially about the limbs; heat and fever with great debility. When the alkaloid is given in too large doses, it causes a feeling of swelling, numbness and almost paralysis of the tongue, dryness of throat and mouth, dimness of vision, nervous apprehension and slight delirium.

Since the clinical experience with anemonin reported in the August number, I have had the following experience with that drug:

Mrs. M.; congestive dysmenorrhea and ovaritis with high fever and delirium, usually continues in that condition at each monthly period for forty-eight hours. Gave one granule of anemonin and two of glonoin together every one-half hour until relieved. Patient was easy in one hour and a half and menstruation was normal inside of three hours.

Mrs. S.; congestive dysmenorrhea, usually last two days. Treatment same as above

with similar result. Pain entirely gone and period normal in two hours. Same patient the second time. Gave same treatment every two hours for one day before expected period, and aborted or prevented the usual attack. This has succeeded three months in succession, the period being rendered nearly painless each time.

Mrs. McK.; endometritis, ovaritis and gastric ulcer. Gave same treatment, with one of Buckley's Uterine Tonic every three hours. This rapidly controlled the first two symptoms and, to my surprise, relieved the pain of the last. This led me to think it good in all congestion. I have tried anemonin in other congestions, but at present am undecided whether it is a success or not. I am convinced that this drug is reliable and eminently successful in cases where indicated.

Charleston, Ill.

— : o : —

Anemonin is a good thing. I have used it repeatedly with success. Combined with glonoin it has cured many cases of dysmenorrhea, but glonoin is far from being potent alone, in fact it will cure many cases, and the doctor's success in relieving his last case was due not only to the anemonin but to the glonoin and the anti-spasmodic and pain relieving properties of Buckley's Uterine Tonic. Why will so many of the medical profession go on day after day unprovided with these "arms of precision?"—Ed.

Misha Mokwa, March 12, 1896.

The Alkaloidal Clinic:

Dear Dr. Abbott:—Shaller's Guide came to hand this p. m., and to say that I am well pleased is putting it mildly. I also received the premium pocket case several days ago. The Clinic and the case for a single dollar is certainly one of the best investments I have ever made. Wishing you all possible success, I remain, Yours truly,

Arnold E. Erling, M. D.

Abbott Alkaloidal Co.:—I have had grand success in pneumonia and La Grippe with Abbott's granules.

F. M. Lennard, M. D.
Atlanta, Tex.

EXOPHTHALMIC GOITRE TREATED WITH NUCLEIN SOLUTION.*

Miss M. C., aged 16, farmer's daughter, American.

Family history:—Mother aged 55, health good, no previous illness. Father aged 56, health good, no previous illness except rheumatism occasionally. Two sisters and one brother, all older, all healthy. One own cousin and one second cousin affected with ordinary goitre. No other history of similar disease on either side of the family.

Personal history:—Patient had inflammation of the bowels and whooping cough when a young child; no other serious illness, but was never strong; menstruated at thirteen and was regular up to July 1894, when the menses were suddenly and completely suppressed. In February, 1894, while attending school the patient began to be extremely nervous and was affected by involuntary twitchings of the muscles of the arms and legs, this became so marked that the patient was taken from school. In the following July the neck began to enlarge, and the eyeballs became prominent.

She was treated at various times and places without improvement until the following February, when the writer first saw the case.

Examination, Feb. 1st, 1895. Patient is a slight, thin young woman, weight 96 lbs., face flushed and lips parted, eyeballs very prominent, Graefe's sign absent, sight unimpaired, and a fine, very distinct tremor especially noticed when she attempts to write. There is a general enlargement of the thyroid body to at least six times its usual size, showing very marked pulsation. On auscultation there is heard a soft blowing murmur, systolic in time, over the entire left chest; this is transmitted to the tumor in the neck and is associated with the usual nervous hum in the large veins of the neck. The pulse-rate is 150 per minute, respiration 40. Her tissues are all relaxed to a very marked degree, the muscles seeming hardly able to contract, and luxations of nearly all the joints, especially of the knees, are quite common, but are readily replaced

by the patient or her mother, and occasion little or no pain.

Symptoms:—Added to the signs above recorded the patient is so nervous that she can hardly remain quiet for a single minute at a time; she has a very poor appetite and is very constipated. She is annoyed and worn out by an aggravated insomnia, rarely sleeping more than a few minutes at a time. She can hardly support herself to walk, and the bodily strength is practically nil. There is no lesion of the nasal passages or throat.

Treatment:—The case was faithfully treated by diet, and on the lines laid down in the text-books, iron, arsenic, digitalis, veratrum and opium being used in various doses and combinations, for two months, without the slightest benefit being obtained. On March 29th, 1895, nuclein solution in the form of tablets (each 1-3 minim) was prescribed; she took three a day at first, gradually increasing until at the end of two weeks six a day were taken, and marked signs of benefit encouraged the continuance of the remedy. In addition she took for about two weeks a dose of sulphonal, gr. x, at seven p. m., and this acted admirably, securing several hours good rest each night. This constituted the whole treatment until August 16th, when the condition of the patient was as follows:—"The menses reappeared in August in a natural manner, the pulsating thyroid is reduced at least one-half and the pulsations are weaker, evidently less blood is going through the gland. Pulse-rate 100 per minute, full, strong, and regular; respiration 19 per minute. Hemic murmur is confined to the precordia, and less distinct. Eyeballs much less prominent and nervousness much improved, writes without tremor, though the tremor is still present to some degree. She sleeps and eats well, and has gained quite perceptibly in weight and strength."

Nuclein was continued by giving four tablets a day until October 1st, when her condition was as follows:—"Menses still more normal in time and quantity, eyeballs nearly normal, only slight exophthalmos persists, pulse-rate 80 per minute, respiration normal, murmur has nearly disappeared and can

*The American Therapist.

with difficulty be heard at all and then over the base of the heart; pulsation in the thyroid has disappeared, slight thickening persists which has a fibroid feel. Patient eats and sleeps well, tissues are firm, strength has largely returned, weight 110 lbs.; she has returned to school and walks three miles a day in so doing, and is gaining in every way steadily." The cure appears to be complete, and is evidently due to the faithful course of treatment with the nuclein.

John E. Bacon, M. D.
149 Franklin St., Buffalo, N. Y.

*NUCLEIN IN SCARLET FEVER.

Frequent mention has been made, in the *American Therapist*, of the value of this drug in disease, and I simply wish to add my mite in the form of a clinical report which, though of little value in itself, may serve to emphasize the great truth of the peculiar efficacy of Nuclein in vitiated conditions of the blood.

On May 25th, 1895, I was called to see a little boy, aged 4, and found a pronounced case of scarlet fever of severe type. The fever was high, pulse rapid, eruption abundant, tongue characteristic and cervical glands enlarged, while the throat was well covered with the dreaded exudate.

As the pulse was full and bounding, I gave what is known among users of alkaloidal granules as the "defervescent compound No. 1," (aconitin, gr. 1-134; digitalin, gr. 1-67, and veratrine, gr. 1-134) five granules in twenty-four teaspoonfuls of cold water, and added to this twelve granules, gr. 1-12 each of nuclein (Abbott Alkaloidal Co.'s) made from Aulde's standard solution, with instructions to give a teaspoonful every fifteen minutes for eight times and then every one-half hour while awake.

This was an unfavorable case, in a poor, dirty family that had already lost two children with the disease years before, and whose remaining children bore the terrible scars of cervical suppuration.

I ordered, in connection with the medicine (much to the consternation of the mother), frequent cool sponging, open win-

dows, little or no cover and all the cold water the child would drink. No change was made in this treatment except to drop the aconitine and veratrine as fever subsided, and add a little strychnine for its tonic effect, digitalin and nuclein being continued for five days, in which time convalescence was fully established.

The case was watched with much interest, and at last, when dismissed, the mother asked "is it possible that this is scarlet fever?" It began like it but did not act as the other cases did." I assured her that it was, the difference being due to the new treatment. This is one of many to which the same general treatment has been applied with similar results.

Nuclein is not a specific or a cure-all; it is simply a principle that strongly aids nature to get back to a normal standard of blood purity, in which condition continued sickness is impossible. Nuclein helps to remove the cause while other remedies, acting through the nervous system, help to reestablish that physiological equilibrium which is life and health. Dr. W. C. Abbott.

Station X, Chicago.

Editor Alkaloidal Clinic:—Enclosed you will find the "medium of exchange" in sufficient quantity to keep my name on the Clinic subscription list for the ensuing year. Without any flattery intended whatever, I will say to you that I have no idea of attempting to keep house without the Clinic for the very sufficient reason that I do not think such a thing could be done. The last number was a very excellent one.

Dr. Wm. Geddes,
1719 G. street, N. W., Washington, D. C.

The Abbott Alkaloidal Co.—Your splendid vest pocket premium and the Clinic is duly received. The case is a little beauty. I am very much pleased with the Clinic, as it is the best medium for physicians on the dosimetric method. In my seven years' practice in Asiatic Turkey have mostly used Burggraeve's system of granules, and in the near future I shall order more of your alkaloidal granules. Respectfully yours,

Fresno, Cal. G. C. Shahinian, M. D.



MISCELLANEOUS

The pages of this department are for you. Use them. Ask questions, answer questions and aid us in every way you can to fill it with helpfulness. Let all feel "at home."

NOTES AND COMMENTS.

By Wm. F. Waugh, A. M., M. D.,

Professor of Practice, etc., Illinois Medical College.

I have to record an experiment that failed. It was in a case of contradiction of the tendons of the little fingers. There is a development of connective tissues, by which the tendons are fastened down, the hand becoming claw-like. From the good reports upon the use of thiosinanine in destroying cicatricial tissue, I thought it might do some good in this case; and injected a dose into the soft tissues near the affected parts. A good deal of inflammation occurred at the seat of the injection, but none in the diseased parts.

In regard to Dr. Wirz's case, page 92, I would second every word the editor has written adding only this: In all cases of neurasthenia it is absolutely necessary to keep the bowels open, and yet without weakening the patient. Give her a full dose of seidlitz salt every morning until the bowels are thoroughly emptied, the tissues drained of their toxic principles and hungering for fresh supplies of nutriment. Then give enough to restore the strength rapidly, keeping the emunctories in a high state of activity.

I think "Subscriber," page 93, will find his patient has a torn cervix or perineum, or both. If so, she will require operative assistance. I have at present a very similar case in my sanatorium for whom I have restored the cervix and perineum, with the best results. Before attempting either operation it is well to cure any vaginal or uterine discharge that may be present. For this I still prefer the use of euophen-aristol in fluid petroleum injected into the uterine cavity. I have never known this to cause pain, but a few weeks ago I injected a mixture of iodine and glycerine into the womb and had a beautiful case of uterine colic to treat.

Dr. Sullivan, page 93, asks three difficult questions. 1st, Morphine will cause death quicker if used hypodermically than if taken by the stomach; quickest if injected into a vein. I do not know how long the latter would require, but have seen cases where alarming symptoms occurred in less than a minute. 2nd, There may be no symptoms of fatty degeneration of the heart, preceding death. A short jerky beat, much more rapid on moderate exertion, with dropsy, cyanosis or other evidences of failing circulation, are to be looked upon as evidences of fatty change in the cardiac muscle. Valvular disease and dilatation may not seriously retard the circulation until the fatty change occurs. Breathlessness on slight exertion usually attends advanced forms. 3d. Dry diet, rich nutrition, barium chloride and caffeine are the best remedies, with small doses of camphor, ammonia, ether, musk or alcohol to relieve dyspnoea.

Dr. Ausbrook's experience with the granules, page 97, leads me to remark that it is a good thing, doctors especially, to go about the world with a great big "Why" on their lips. If he had simply thrown aside the "trinities" because they caused rawness of the throat, without taking the trouble of why they did it, he would simply have deprived himself of a valuable aid in treating disease, and that is what too many do.

In Dr. L. C. S.'s case, page 98, there is an excellent opportunity to employ intestinal antisepsis. Get the bowels clear and keep them so. Wash out the stomach with warm alkaline water and then give a granule of silver oxid, with full doses of zinc sulphocarbolate. Strict peptonized milk diet, and nothing else. It may be necessary to administer a few large enemas to completely empty the lower bowel. If the case prove obstinate give granules of mercuric chloride, one-half milligram, or capsules of oil of turpentine.

Dr. Merriman, page 99, might find it advantageous to add to his well chosen remedies for dropsy with saccharin diabetes, the seidlitz salt; a teaspoonful every two hours as long as there is any dropsy left. Then, as Lander Brunton claims that the cause of diabetes is generated in the intestines, an an-

tiseptic, like alpha-naphthol would be of value.

Dr. Hubbard, page 99, would find his case of tubercular pleurisy benefitted by the iodides of iron and calcium, full doses, long continued. But first explore; aspirate and turn the microscope over the fluid removed. Then you will know just what you are treating. At present you think you know, which is different.

During the present month (April) I expect to remove my sanatorium to a new and convenient building on the lake front, just north of Jackson Park. Every room overlooks the lake, while the all-important requisites of heat, air, accessibility, etc., are well provided for. This enables me to take care of a few more patients, and still have them all under my own roof; so that we will not have to refuse as many as heretofore.

5504 Everett Avenue, Chicago.

QUERIES, SUGGESTIONS AND COMMENTS ON THE MARCH CLINIC.

Editor Alkaloidal Clinic: Judging from the very many commendations of the February Clinic, and that by competent (I don't mean the writer of this) contributors in this March Clinic, we shall have to take the February Clinic as a standard for comparison, and the March Clinic stands the comparison well.

Your article on Apomorphine colored and uncolored gives most valuable information on this invaluable emergency remedy which one would seek for in vain in books on *Materia Medica*.

Alkaloidal Therapeutics suggests the query and answer: What are pathology and physiology comparingly? The former is but a plus or minus of the latter. Hence it is that any *materia alimentaria* even may become a veritable *pharmakon* in the pathological state of the organism and so also may that which is a real *phasmakon* in the physiological state become a saving *therapeia* in the pathological state. (Yes that last Greek word means primarily a "divine service," and a true remedy is just that, despite materialism.)

The delightful pastoral sermon by Dr.

Waugh: Just what a sinner has to say to his fellow sinners. And I do trust and hope that the present preacher will be an improvement of those who, like useful guide-posts, show the right way to others but never go that way themselves. A few years ago, when the dear brother moved from sedate P. to hustling C., I read a letter from him to the ever-beloved Medical World, in which one could read between the lines, the rushing of his professional activity. Dear Brother Abbott, send Brother Waugh the March Clinic and call his attention to his sermon in some specially marked manner. I say so because I once saw Horace Greely buying a Tribune from a newsboy, but I was assured that he never read it.

What is the reason that the average American is so rushing in his life work? Does he not descend from phlegmatic England? No! He is a mixture of the best blood each one of which governed the world at a certain time. American blood is fresh and "colty," hence the rush, the showiness and the electric speed of its life. It will cool in time when this wonderful mixture of nations will become one nation with a big N.

Dr. W. recommends to Dr. Child, page 58 of the February Clinic, the use of hyoscyamus for his case. May I also suggest the addition of camphor? This was a favorite remedy of Professor Gillman of New York. Requiescat in pace.

That "young man's uterus" will surely respond, and favorably too, to Buckley's excellent Tonic. For, is not the prostrate with its muscular stroma the analogue of the uterus? And its positions? Just between vesica and rectum, only descended with the the general descent of the genital organs from high above in the renal region. So, too, of the testicula and ovaria, the vesica seminalia and the various glandulae of the female genitalia. Separate bisexuality is certainly not the Adamic divine prototype, which was Androgynic before the separation took place. But, where am I wandering off? Let us provoke some private correspondence.

As an offspring of Father Abraham and in the direct line from Moses (being a Levi) and one of the 20,000 readers of the Clinic, and a somewhat observing physician in dif-

ferent parts of the world for the last thirty-seven years, I cannot verify the (mere) assertion, that the areola of the nipples of Jewish women are any darker than that of Gentile women. Nor can I alone disprove it, being only one of 20,000. Assertions are cheap, not less in anthropology than elsewhere.

Will you or Dr. Waugh tell me what "carbonized iron" is and how it is locally administered in appendicitis by a good surgeon? (An aseptic and aseptic knife. See?—Ed.)

I have administered pilocarpine and jaborandi in sthenic erysipelas with a cure in forty-eight hours. In one case I limited the spread of it by the application of strips of good adhesive plaster.

If I were a betting man I would not bet you one farthing against the dollar you promise to return to any subscriber "who hasn't got the value of a year's subscription out of this article" of Dr. Waugh's. If there should be one you will kindly recommend him to some institution for incurables.

Dr. Aulde's resume of "The Treatment of Bronchitis" was very profitable to me. What I missed in it was the mention of muriate of ammonia in ten grain doses repeated every two hours in the onset, diminished in quantity and increasing the interval as the secretions increase. The paragraph beginning "Quinine," page 80, is especially good from the modern point of morbid aethiology.

A word to dear Dr. Coleman, page 81, as to the relation that ought to be between physician and patient, so that the former "have opportunity of observing the first dynamic disturbances in the latter's organism." I have come to the conclusion that when a person becomes sick in this land of paradisaic (I don't want to use the shorter word) abundance of patented secret nostrums, he also becomes demented at the same time, for if he had a claim involving the value of \$5,000, (being the value of an entire human body) he would surely not entrust the case to a low-rate lawyer, but when he gets sick he runs to the patent medicine vender and gets from him a supposed remedy, the composition of which neither vender nor purchaser know anything. Is this not dementia?

As to your good philosophy of disease Brother Coleman, have you read Edward von Hartman's *Philosophie des Unbewussten* and his ideas of Diseases and the vis medicatrix naturae there? Barring his infidel notions, a thinking physician will find much valuable suggestive matter in it. I have to thank the Clinic for becoming better acquainted with you than I was when I read your contributions to the *Medical World*. What do you mean on page 83, left column, 13th line, from top by "maintaining a lowered and failing vitality?" Is there not a displacement of words, viz. "Maintaining the idea of a lowered, etc., etc.?"

Dr. Hawkins' third paper on Hemorrhoids has piles of good practical sense in it and sharpens one's desire for his fourth paper on the treatment. What is Whitehead's Operation?

Dr. G. G. Kemper's treatment of a supposed case of pneumonia is one of many which are on the increase since Alkaloidal Medication is prevailing, but we shall have to be so much the more careful in our symptomatology and diagnosis lest the following anecdote be applied to us. At a certain dime museum there was exhibited the sword with which Balaam killed his ass. "But," remarked a visitor, "Balaam never killed his ass!" "Very well," answered the exhibitor, "this is the sword with which he wanted to kill his ass!"

Dr. Merriman's article on acute coryza and your remarks always to the point, are small, but as precious as a small gold dollar is compared with a big old-fashioned copper cent. I came very near losing one of my children in infancy with this trouble. This was about fifteen years ago, when I did not use atropine internally. Doctor, there is nothing like trying a thing. Will you enable me to do so with your coryza granule? By the by, is not the name "Coryza" rather too strong for what the Germans call "Schnupfen" or the English "Cold in the Head?" Why not call it "Naritis?"

I read a few days ago in the Allentown *Weltbote* the following abortive remedy against Naritis: "Dissolve one grain of menthol in ten grains of chloroform, by

weight, and drop ten drops of the solution on the palm of one of your hands, rub both palms together then hold them both over your mouth and nose, and inspire with one and expire with the other alternately till the entire respiratory track feels the remedy. The menthol is thus deposited on the mucous membrane in subtle particles." This is recommended by Dr. Wuensche, who tried it. I tried it on myself and can recommend it. But let me see what the coryza granules will do.

Dr. Lindsey's clinical notes on tonsilitis and pneumonia are very good, and add to the triumphs of the practice for which the Alkaloidal Clinic and its editor work so beneficently. Dr. Buckley's hygienic and therapeutic remarks are, as all things that come from his mind and pen, very helpful. The cure of synovitis (of the knee) by compression with adhesive plaster is worth trying.

In the article "Questions," page 93, question 1, what does Dr. Sullivan mean by "regardless of the amount used?" To question 2 the doctor may find some hint in the classic work of Watson on the Principles and Practice of Physic, in the lecture on Different Modes of Dying. Dr. Walling's article on "Sciatica and Spinal Irritation" and his gentle yet persistent faradic treatment is as rational as it is novel. I shall try it in my next case. As to Dr. Laycock's case of the farmer, I am inclined to think that there is a medical wag in the Clinic's type-setting shop, for why does he dare to impute intoxication to that honest farmer by asking: "Is his gait at all atoxic?" He surely knew that Dr. Walling wrote "ataxic."

About Epstein's article, I refer to Dr. Beckel, of Sheboygan, Wis., who says in a postal that "optine est" and that "salvo jure amititiae nostrae."

Well, I have to thank the Clinic for that "amittitia," which I value highly. There is an individualistic character to a literary periodical imparted to it by the kindred spirit of its contributors.

On reading Dr. Schneider's "Pneumonia Jugulated," page 96, I exclaimed: "Triumph of Dosimetry again," and I fancied I heard

the voice of Coleman, of Texas, saying: "Even so!"

Dr. Robertson's case of functional dysmenorrhea suggests the mentioning of a very recent case. Called to see a young unmarried lady of very fair complexion suffering intensely from that evil, as she almost always does at her periods, I ordered large, moist, hot cloths reaching from one iliac fossa to the other, and from the symphysis pubis to the umbilicus, kept constantly hot by relays of cloths. Internally kali bromidi, gr. 20, and elixir ammoniae valerianatis, every hour or two till relieved, then every three or four hours during the first two days of the menses. The effect was very satisfactory as it always has been in my practice in similar cases. But this time I insisted on my patient taking B. U. T., one ter in die, every day between the menstrual periods, and the next menstruation came on without the least disturbance. "Ay," said I, "what Buckley says is true, and what Dr. Abbott takes up is reliable."

In your comments on Dr. Ross' case, page 98, Mr. Editor, I was again struck by the type-setting medical wag. He makes you say that Dr. R.'s too large doses of cathartics and anthelmintics resulted in an acute "practitis," as though Dr. R.'s practice was inflamed. He verily did not go to the bottom of things when he changed proctitis to practitis.

As a remedial food in diabetes mellitus I can confidently recommend "Trommer's Diastasic Food," manufactured by the Trommer Extract of Malt Co., Fremont, O. I have used it with the happiest results. That firm ought to advertise in the Clinic. Doctor, send them the next Clinic. They know me there and I know the best to say of them.

Vomiting After Chloroform. Years ago I suffered from insomnia and took chloroform inhalations almost every night. In the morning I suffered from nausea and vomiting. Kali bromidi, moderate doses, always helped me.

Arsenic and Emaciation, page 105. The Syrians of Austria, who take several grains of arsenic daily to make them climb the

mountains easier, many of them having very large goiters, are very far from being emaciated. What is to be done with this fact?

And now, dear doctor, excuse lengthiness, old age is apt to be garrulous, and use your "blue pencil" if you choose.

West Liberty, Va. Dr. E. M. Epstein.

ALKALOIDAL THERAPEUTICS.— CASE REPORTS.

Septic Infection (Puerperal, Gonorrheal and from Tooth)—Bryonin in *Pleurodyma*.

Editor Alkaloidal Clinic:—About two years ago your agent called on me and interested me in alkaloidal medication and I subscribed for the Clinic and ordered a case of granules and Dr. Burggraefe's Therapeutics, and finally got Shaller's Guide, etc., and have read every issue of the Clinic from No. 1 to the present, and have become quite devoted to alkaloidal therapeutics, to the extent that I might familiarize myself with the actions of the newer forms of drugs and overcome the greater task of "getting out of the rut" of using various compounds of the cruder forms of drugs.

Not that I have yet entirely given up their use, but I have experienced a revelation in the new, an oasis in the desert of uncertainty of older methods and crude remedies, and I have come to regard the alkaloidal as the coming method of combatting diseased conditions because of its certainty of action and convenience and ease of administration. Like the poor, "we always have them with us," for my twenty-four vial case is always in my pocket and adds much to my confidence when called away from home, not knowing what diseased condition I am to find.

Others have said so many good things about the Clinic that I will only add "These are my sentiments too." It is the best of six that come regularly to my desk.

A few cases from general practice: Case 1.—Mrs. A., living six miles in the country, was confined unattended Jan. 15th. Jan. 21st at 4 a. m. she had a chill. I saw her at 6 p. m.; temperature 104 2-5, pulse 120,

tympanitis, abdominal tenderness, excessive in left ovarian region; womb enlarged and tender, lochia scanty and offensive; nervous, sleepless, anxious expression, headache, etc. Typical puerperal infection. I gave aconitine 16, hyoscyamine 8, veratrine 4, strychnine 16, nuclein 40 in twenty-four doses, four doses one-half hourly, four doses hourly, then every two hours. Teaspoonful doses magnesium sulphate every three hours until effect. 22nd, 10 a. m., temperature 102½, pulse 90. Had four movements from bowels. Gave carbolic acid uterine injection and calcium sulphide, gr. ½, every two hours in addition to the above. 23rd, temperature 100½, pulse 72. Improvement continued and patient was discharged on the sixth day.

Case 2.—Thos. H., had gonorrhea six or eight weeks ago; apparent cure; slight epididymitis for past week, up and around. Jan. 31st had three or four chills. Saw him at 5 p. m.; temperature 104½, pulse 132. Tympanitis, excessive vomiting, soreness in testicle and cord and left inguinal region; pain. Diagnosed peritonitis from gonorrheal infection. Gave codeine 8 granules, aconitine 16, veratrine 4, glonoin 10, hyoscyamine 10 in twenty-four doses, four doses fifteen minutes apart, four doses one-half hourly and four doses hourly, then two hours apart. Calomel, eight small doses hourly, then magnesium sulphate until effect. Feb. 1st, 8:30 a. m., temperature 100, pulse 90; bowels moved once; vomited two or three times during the night. I ordered more salts and continued the same medicine. At 6 p. m., temperature 99, pulse 90; soreness about all gone except in cord and testicle. Improved next two days and gave syrup hydriodic acid, one teaspoonful four times daily, and cure was complete. Should have stated that I used a hot solution of ammonium muriate to testicle.

Case 3.—Charles Y., sick two weeks under care of another doctor. Had chills, headache, fever at the time. When I saw him he had temperature 101, pulse 108, was weak, nervous, unsteady gait, no pain, no appetite. Had a tooth pulled two weeks before and mouth was swollen, sore and

foul smelling. Diagnosis, septic infection. Gave calcium sulphide, $\frac{1}{2}$ grain, caffeine, $\frac{1}{2}$ grain and heart tonic, 1 granule four times daily. Phospho-albumen, 6 $\frac{1}{2}$ ounces; syrup iodide of iron and manganese, 1 $\frac{1}{2}$ ounces, teaspoonful every three hours. May 3rd, condition somewhat improved. Discharged four days later without change of treatment.

Case 4.—Young lady with an uncertain pain in right side, made worse by laughing, coughing, etc., after other remedies failed for a month was relieved permanently by one granule of bryonin every two hours for a day or two, then four times daily, and I am still experimenting on such cases with this valuable drug and have good reports from it. This I think would be of use in Dr. Hill's case, page 62 of February Clinic.

Dr. C. F. Ross.

Saunemin, Ill.

—:o:—

Thank you, Dr. Ross. Let us know more about your use of bryonin. It's a rare good helper when properly applied. Your handling of these cases of septic infection is particularly good. What experience are you having with nuclein?—Ed.

CYSTIC IRRITATION.

Editor Alkaloidal Clinic:—I have what has been termed chronic cystitis for which I want relief as soon as possible. A deep seated pain just above the pubic bone and too frequent micturition are the troublesome symptoms. I pass water five times during the night and in quantity about three pints, and the same number of times and quantity during the daytime. The act is not accompanied or followed by pain. There is no tenesmus. I am not constipated. Am not sexually disturbed or in any way over indulgent. I use neither alcohol, coffee nor tobacco. Pain is the same whether I am cold or warm. I have had chronic catarrh of the stomach more or less severe for over ten years, and my stomach is easily irritated by medicines. Of late there appears to be a burning about the neck of the bladder.

I am unmarried and fifty years of age and have always been correct in my habits. My ailment has entirely incapacitated me for outdoor practice as the pain is more intense when riding.

Wm. Haffner, M. D.

Yellow Springs, O.

—:o:—

The Doctor's letter was accompanied by a sample of urine which has had a careful examination and it is practically normal. Specific gravity 1020; reaction acid; no sugar; a trace of albumen; no casts; some bladder epithelium indicating irritation if not actual degeneration of the bladder walls. It is from this source, probably, that the albumen comes.

We have suggested to the doctor that he take five or six granules of benzoate of lithium every two hours and a teaspoonful of siedlitz salt in half a glass of cold water every morning. This, with a little strychnine and quassin before meals to aid digestion, will relieve some of the symptoms and we trust that Clinic readers will be able to suggest further. "Tritica" is worth trying in a case of this kind. Our worthy brother is in need. Come to his help.—Ed.

PNEUMONIA JUGULATED.

Editor Alkaloidal Clinic:—Being a subscriber to the Clinic and an admirer of the beautiful theory of alkaloidal medication, I thought a report of a case successfully treated, or rather jugulated, would be nothing but meet and proper, since it is by the report of our successes or failures in treating disease that mankind has reaped such a golden harvest in scientifically combating the ills that flesh is heir to.

N. W., aged five years, was taken suddenly with a chill while at play. Being called within a few hours I found, upon a thorough examination, that the superior portion of the right lung was terribly engorged with blood. Thinking it was certainly a case of pneumonia I at once decided to give the little granules a chance; and with that end in view prescribed nothing else.

She was given one granule of Defever-

scent Compound No. 1 every thirty minutes till pulse softened and fever declined. She also got one granule each of calomel, gr. 1-6, and podophyllin, gr. 1-6; every hour until they began to act or sicken, after which she got a teaspoonful of salts which brought away two large bilious actions. Then I gave Dosimetric Trinity No. 1, every hour in conjunction with quinine arseniate, gr. 1-67, until the fever was thoroughly under control and the lung tissue restored to the normal condition, all of which was accomplished within forty-eight hours from the initial chill. The parents being of an intelligent and wealthy class, with sad experience in raising their family, could and did appreciate the splendid results of the administration of the "arms of precision." Now for your criticism, which I appreciate.

M. K. Scruggs, M. D.

Jessamine P. O., Miss.

— : o : —

Our criticism, Doctor, can be nothing but favorable. You used the right remedies in the right way and met with the to-be-expected result. The mortality of pneumonia could be made almost nil if patients would apply early and physicians would use the plan outlined by you. Others might not get at it in just the same way but results are what we want. Some will say, "Oh, the doctor was mistaken. It wasn't pneumonia." But there are thousands of Clinic readers who, on seeing this, will say with me that you were right. Let us have more of your experience.—Ed.

SCIATICA.

Help for Dr. Biener.

Editor Alkaloidal Clinic:—In answer to Dr. George Biener in February Clinic in regard to his case of sciatica will say if he will use galvanism in the following manner he will cure his patient in three sittings: Place the negative electrode on the bottom of the foot, affected side, then pass the positive electrode from the middle of the sacrum down along the course of the sciatica nerve through the popliteal space over the calf of

the leg round under the internal malleolus to the top of the foot. Pass it over this space several times, consuming ten or fifteen minutes in the act. It should be used about as warm as the patient cares to bear it. If done efficiently the skin will be red wherever the positive pole passes as though irritated by a mustard plaster.

D. M. Currier, M. D.

Newport, N. H.

— : o : —

Dr. Currier is evidently making good use of electro-therapeutics and we trust he will give the Clinic more of this.—Ed.

PORRIGO OR TINEA CAPITIS.

Editor Alkaloidal Clinic:—I have on my hands a case of the above which is wonderfully obstinate. Will you be so kind as to help me? I have used quite a number of remedies but without avail. Dr. J. C. S.

— : o : —

Accepting the doctor's diagnosis as correct, the following treatment may properly be expected to benefit the case. Clip the hair closely, soak and wash off all scabs with hot soap-suds, then disinfect thoroughly with a 50 per cent. solution of peroxide of hydrogen in water. Then dust thickly with an antiseptic powder composed of chemically pure boric acid and acetanilide and cover after each dressing with a clean, closely fitting cloth cap. This dressing should be renewed once or twice every twenty-four hours. As soon as pus ceases to form, wash with a 1 to 2000 corrosive sublimate solution instead of the peroxide and use the same dusting powder.

Internally, use arsenic sulphide, one granule four to six times daily and enough of Buckley's Sulphur Compound to keep the bowels open. To be curative the treatment must be kept up a long time. The peroxide will bleach the hair stumps but never mind. Having tried this, Dr. Syanly, please report to the Clinic.—Ed.

Don't forget that 10 cts. sent now pays for the Clinic three months, for yourself (if not a subscriber), or for friends if you please.

HELP WANTED—IMPORTANT
CLINICAL CASES.

Editor Alkaloidal Clinic:—I hope you will be able to give me the aid I ask in the following described case: Miss D., age 21, brunette; height 5 ft. 8 in.; weight at present 120 pounds; having lost 35 pounds since her sickness began. Has been sick about eight months. I saw her for the first a short time ago. She is scarcely able to eat anything. If she drinks half a glass of milk or eats a small piece of bread or in fact a few bites of anything she will spit it up immediately. It tastes very sour; no pain after meals; it does not make her sick while vomiting. The only thing she can retain at present is small quantities of Horlick's Malted Milk. Her bowels were constipated but by giving the anticonstipation granules (Vaugh's), her bowels are now regular. She has missed her last two menstrual periods; is able to come in town and assists in the work around the house. I gave her two granules of strychnine arseniate, gr. 1-134, before each meal, one teaspoonful of peptic essence (Peter's) after meals and the anticonstipation granules at bed-time. She is not improving any, only that her bowels are regular. Please assist me in this case.

I have used the nuclein granules in several cases of tonsilitis with splendid results. My first case was a boy two years old. Gave him one granule of nuclein, gr. 1-12, every two hours for six doses, then every three hours. In forty-eight hours he was playing and all right.

Case 2.—Mr. H., aged 40, subject to attacks of tonsilitis and would be away from his work five or ten days. I was called to see him Sunday morning. Gave nuclein granules, gr. 1-12, four every two hours for six doses, then every four hours. He had asked his lodge to send him a nurse, supposing he would be confined to his room for several days as he had been on several occasions and this was a severe attack. I gave no other medicine and the following Wednesday he was able

to leave for his work. He says it is the shortest attack he ever had.

Case 3.—On Jan. 12th I was called to see Mrs. H., aged 30. She has one child nine months old. She gave the following history: About four months before I saw her she began having diarrhea; would have from eight to twelve stools in twenty-four hours, severe pain just before and after the operation. In a few weeks her mouth began to get sore; small white blisters on side of cheek, roof of mouth and tongue. She could scarcely eat anything and lost over twenty-five pounds and was not able to be up all the time.

I had her wean her baby; use a solution of boracic acid for her mouth; stop all food but milk, eggs and extract of beef; gave a teaspoonful of peptic essence (Peter's) after each meal and 1-1000 grain of arsenite of copper every two hours in one teaspoonful of water. I used the copper for five days and could not see any improvement. I then gave sulphocarbolate of zinc, gr. 1; codeine sulphate, gr. 1-4; strychnine arseniate, gr. 1-134; hyoscyamine, gr. 1-250; put them in a No. 4 capsule and gave one capsule every two hours for eight doses. The first night she rested well; had only two stools. The next day I gave the capsules one every three hours. She had only one movement in twenty-four hours. I had her take one capsule three times a day and on the 14th inst. she returned home, having gained 12 pounds in flesh and feeling able to assist in the household duties.

Case 4.—One the 15th of January Mr. J. M., farmer, aged 42, came into my office with a slight eruption on his nose, most marked on the left side. He said it burned and itched; the nose was swollen. I diagnosed a case of erysipelas; had him take calcium sulphide, gr. 1-6, two granules every hour for the first twenty-four hours, then two every two hours. He sent back on the third day for more granules and was able to work in one week. The eruption did not extend over a space larger than a silver dollar on each cheek. Under the old plan I would have made three or four visits at least to see the patient, but with the granules I

only received \$1.25 and the hearty thanks of my patient, which I consider better than cash, in this case especially.

Dr. Jas. H. Green.

North Vernon, Ind.

— : o : —

Here are some interesting cases. The first on which the doctor wants help certainly seems like one of atonic dyspepsia. Such cases should be deprived of food and stirred up sharply so that nature will create a demand. The anticonstipation granules are indicated but I would use them three times a day, giving all she can stand before each meal. The entire formula is a stimulant and tonic, particularly the capricum. Then I would leave out those things which her stomach rejects and go on with the malted milk, adding a tablespoonful of Liquid Peptonoids (Arlington Chemical Co.'s) three or four times a day. In this way the habit of emesis will be broken up which will help not a little to cure the case.

This does not cover the ground by any means, but will serve as a starter while others are suggesting for next Clinic.

The other cases which the doctor reports having successfully treated are of much interest. The Clinic will be glad to learn of the experience of others with nuclein. It seems to be a rare remedy, properly applied.—Ed.

LYMPHOMA—POSSIBLY TUBERCULAR.

Editor Alkaloidal Clinic:—If not asking too much would you kindly advise me in this case: Widow, aged 38; mother of two children, youngest aged fourteen; has on the right side of her neck a lymphoma. First noticed it three years ago. Several of the glands are quite large, solid, slightly separable, but never sore or painful. She is anaemic and debilitated, and has some functional heart trouble, but no cough; tubercular family history. Has a very persistent leucorrhea with pruritus of genitalia.

For several months I have had her on cod-liver oil with hypophosphites iron, lime and soda. Also chloride of calcium (granular)

with syrup sarsaparilla, Micajah's Uterine Wafers with hot water vaginal douche for the leucorrhea. The leucorrhea did not improve any and the glands show no improvement, but she has gained in strength. She is now taking nuclein solution (Aulde). What think you of the hypodermic use of nuclein in the enlarged glands? Please kindly outline treatment.

Also give treatment for woman aged 62, fleshy, has had cough, asthma and heart trouble for years, but now is bedfast with diabetes mellitus of four months' standing. Heart bounding strong and vigorous from 96 to 120; no dyspnoea.

Alexandria, O. L. C. Laycock, M. D.

— : o : —

It is my impression, Doctor, that those enlarged glands should be removed surgically and at once while they are yet local. Then nuclein, the tonic arseniates and good food will build her up. Local treatment for her leucorrhea will be of no avail, I fear, while this cachexia exists.

Let those who have faith and experience in the treatment of diabetes answer the doctor's last query for next Clinic, and also suggest further for the lymphoma case.—Ed.

Dear Dr. Abbott:—Find enclosed \$1.00 for which please send the Clinic to my friend, Dr. ——. I want him to become acquainted with the latest and best in medicine, and wish every subscriber to the Clinic would send in a subscription for some friend who is not.

Dr. C. S. Merriman.

Kansas, City, Mo.

So do we.—Ed.

The Abbott Alkaloidal Co.: I desire to say that I am well pleased with all goods bought of you. In juvenile practice your Defervescent Compounds and Dosimetric Trinities are unequalled by anything on the market to-day.

P. E. S., M. D.

—, Mo.

Send us three new subscribers and we'll advance your subscription one year.

ACONITINE IN NEURALGIA, GLO- NOIN IN HEART-FAILURE, QUI- NINE IN PNEUMONIA, ETC.

Editor Alkaloidal Clinic:—On page 17, January Clinic, Dr. W. M. Robertson praises aconitine 1-134 in neuralgia, occipital, lumbar and intercostal, and gives cases. I read it over carefully and resolved to try it. This morning my wife woke up with one of her headaches. Yesterday she was complaining of pain in back, but thought it was only a little cold which she had taken a day or two ago, but this morning it extended up to occiput and down to sacrum and she was in a rack of pain. It popped into my head, "Aconitine one granule every two hours." I gave her two granules and two of codeine 1.67. She dosed off to sleep and woke up in an hour free from pain, except a little in the sacrum. I then gave her of aconitine, one granule every two hours, and at ten a. m. she is perfectly easy. So much for the Clinic and many thanks to Dr. Robertson also.

On page 2, "Glonoin." Five or six years ago I had a case of pneumonia; had nursed it carefully, stayed days and nights to help the poor woman (whose husband was absent in a neighboring state), only at the last few moments to stand by thinking "another hour and she will need no further medication." At that time the grand virtues of glonoin were very little known. I watched the gradually failing pulse with dread. Almost as if by inspiration I thought of nitroglycerin (glonoin). I quickly injected 1-50 of a grain into the pectoralis muscles and waited to see. In about twenty minutes the pulse became better, fuller and more of a regular throb. In half an hour from then I gave another tablet. In an hour more my patient could swallow some stimulant. She is now as fine a specimen of a woman as you could wish to see. So much for glonoin. I have it in 1-50, 1-100, 1-150, 1-200 of a grain. I believe I saved a two-year-old boy in a similar condition by the use of three of the 1-150 grain granules.

Please don't think I want to run the

Clinic, but, as you say, "If you haven't it I want you to have it," i. e., all who have the good of medical science at heart should give their experience with drugs to help those (and there are a good many of them) who don't do their own thinking. Do you know, doctor, I am surprised sometimes, when I run upon a lot of physicians, to see how much they are built up after professional modes: "The book says so and so, therefore we must go according to the book" seems to be the trend. I am not competent, I know, to judge, but somehow it looks that way to me. I do not think that every doctor has an original way of his own as to thought and action and any departure from the "professional dicta" seems to meet with very little encouragement.

At a meeting of our Medical Association recently the subject was pneumonia and nine out of ten gave quinine from the start. What for? Some one has said that in malarial districts pneumonia is nearly always complicated with it, and as quinine is the (so-called) sheet anchor you must give quinine from the jump. Twenty-five years of very careful study of pneumonia goes to prove to me that I never saw a case complicated with malaria. There is always, in specific fevers, a regular rise in temperature at a certain hour. This is the nature of the disease and not caused by malaria, because the fever does go down, but not off with a sweat, which last is the "grand finale" of malarial fever. Yet they all give quinine to reduce fever or prevent it. Now, doctor, do these men reason from original observations or from professional dicta? I only write this to explain myself to you; not that I expect you to answer it. Only consider I have paid you a half hour call and you have said "Good-bye, my friend."

Dr. Ben. H. Brodnax.

Brodnax, La.

Editor Alkaloidal Clinic:—Your premium, nine-vial pocket case received and it is a beauty and very convenient.

Dr. W. A. Scott.

Pleasantville, Ia.

BRYONIA IN PAIN CONTUSIONS.

Editor Alkaloidal Clinic:—About a month ago I was called to see a young man who the day before had received a blow on left side in axillary line opposite nipple, and another about an inch below the right nipple. The blows were inflicted by the handles of a platform truck. I found him in bed; he could not roll over nor rise up without great pain in his side and over his stomach; so he had to keep flat on his back and was begging for relief. He got relief, for I soon gave him bryonin. I remembered what Dr. Burch had told us in the October, '95, Clinic about bryonin in such cases, so I left him twenty-five granules, one to be taken every hour until he could roll over, then one every two hours until he could get out of bed without "grunting."

I heard from him the next day; he had eight pills left and was out of bed, and did full duty at the table and has been perfectly well ever since. I was out nearly four cents, for which I pocketed two dollars and fifty cents. Had I not used bryonin I might have made one or two more trips, yet I am glad (so is my patient) I had some bryonin, also that Dr. Burch wrote what he did. Now brother alkaloidites read volume 2 of the Clinic and store it away for hard times.

Dr. W. H. Blythe.

Mt. Pleasant, Tex.

— : o : —

Dr. Burch, there is a good lesson for you in this tribute from Dr. Blythe. Do not keep all the good things to yourself. You are none the worse for your letter to the Clinic and Dr. Blythe and, I do not doubt, many others are better off. Please write again.

Let me thank you, Dr. Blythe, for giving the Clinic article due credit, and do you too write again.—Ed.

MORE ABOUT BRYONIN.

Editor Alkaloidal Clinic:—I have not forgotten the articles published on bryonin in the Clinic some months ago. I have tried it on several cases of neuralgia headache, gr. 1-67, every fifteen minutes, and my patients all say they got relief in half an hour.

A young lady, aged 22, came to me say-

ing she had not had her menses for two months, which was due to taking cold, and having no signs of monthly sickness yet, although her time was nearly past for her second period, I gave her granules of gelsemin, gr. 1-134, and bryonin, gr. 1-67, with instructions to take a granule of each every half hour until her menses appeared and then every two hours for twenty-four hours. In less than twenty hours her menses appeared all right.

The most obstinate cases of sick headache have always yielded in three hours to the following treatment, and if persisted in the result is a permanent cure in less than a year: Gold bromide, gr. 1-67, and cerium oxalate, gr. 1-3, together, every fifteen minutes during an attack, until the symptoms have passed away.

Dr. C. Stanton.

Fremont, Wis.

EFFECT OF GOLD UPON THE SEXUAL FUNCTIONS.

Editor Alkaloidal Clinic:—Referring to the article in the January issue of your valuable paper on arsenauero and mercauro, I would like to know from your readers as to the effect of gold on the sexual functions. I have heard that the gold cure was liable to weaken that power, but can find no good authority. I have had one case following the Keeley Cure, but it may have only been a coincidence.

Maurice F. Doty, M. D.

1490 Fulton St., Chicago.

— : o : —

We shall be pleased to have our readers reply to the query of Dr. Doty.—Ed.

STRYCHNINE IN ASTHMA.

Editor Alkaloidal Clinic:—I have a case of asthma—lady fifty years old—to whom I have given nine granules of strychnine four times a day for three weeks, and I am gradually reducing the dose, but will continue when I get down to five. I am also giving hyoscyamine as indicated. She has a slight cough as yet, and one night while

taking nine granules she had a trifling return of the asthma. In the main she is much better and is now suffering less than she has for years.

By the way, in the last Clinic Dr. Coleman speaks of himself as an "old fogey." If he is one, I wish we had lots more of 'em.

W. H. Blythe, M. D.

Mt. Pleasant, Tex.

— : o : —

Our readers will be pleased to note the doctor's success with this case, remembering that idiopathic asthma is a neurosis, and that hyoscyamine to relax spasm and strychnine arseniate to tonify and re-establish physiological control are always indicated. Other remedies should be used to overcome any dyscrasia that may exist. Asthmatic patients are almost always greatly debilitated. Nuclein and arseniate of iron are among our best remedies. The nuclein should be well pushed and continued for some time. The iron arseniate should be given in small doses, say gr. 1-67, three or four times a day. Bear in mind that kidney insufficiency is often an exciting cause and see to it that your patient is not only passing enough urine in quantity, but that it contains a sufficient amount of solids. Watch Dr. Etheridge's article beginning in this issue for table of weights and solids, and important ideas along this line.—Ed.

A CASE OF PNEUMONIA.

Editor Alkaloidal Clinic:—On January 28th I was called to Mrs. K., aged 44; found her as follows: Pulse, 133; temperature, 102; pain in lower lobe of left lung; some cough; expectoration rusty. I gave aconitine, gr. 1-134; veratrine, gr. 1-134; digitalin, gr. 1-67; one granule of each every two hours. Jan. 29th: Pulse, 90; temperature, 98; some cough. I gave digitalin granules every two hours and one granule of codeine every two hours. Jan. 30th: Pulse, 115 (excited from fright); temperature, 98.7; very little cough. Gave codeine every four hours. Jan. 31st: Pulse, 99; temperature, 98.6; no cough; no rusty expectoration after second day. Gave digi-

taline and strychnine arseniate, one granule of each every four hours. Dismissed the case and the patient went on to speedy recovery.

This is my first alkaloidal treatment of pneumonia and I have no reason to regret my course, whether it was best or not. I am quite an old dog to learn new tricks, being past sixty-three. Another trick for an old boy is learning to ride a "bike," which I use freely in my work and can tumble off with the facility of a veteran, but I've received no hurts so far.

The Clinic is a welcome arrival every month and my wife says she enjoys reading it the most of any of my journals.

D. J. Chittenden.

Addison, N. Y.

— : o : —

We are glad of your letter, Dr. Chittenden, and hope to have more of them. "Never too late to mend" might as well be "Never too old to learn," and no true physician gets to the point where he will not faithfully grasp a new idea; for we can get none too much light upon our work. Many think there is something novel and far-fetched in the scheme of Alkaloidal Medication. Not so. It is the simplest of all. It is rational medicine rationally applied; and any physician who has been successful under the old regime can be more so under this if he will half try. Not that the active principles can displace and replace everything. Far from it. It simply amounts to using the best form obtainable of the best remedy, taking advantage of the very best therapeutic measures whatever they may be. Let no one make a mistake and think that we are aiming to supplant rational or regular medicine. Our sole aim and effort is to help improve it in every way we can.

We are glad the doctor's wife enjoys the Clinic and hope many other wives can say the same thing.—Ed.

Dear Doctor:—I like the Clinic. It is chuck full of instructions—just the thing for a busy practitioner. May its shadow never grow less.

Dr. E. Walling.

Coopersville, Mich.

LITHIA IN URIC ACID DIATHESIS.
NIGHT SWEATS OF PHTHISIS.

Editor Alkaloidal Clinic:—I want to thank you for calling my attention to the Lithia tablets for the good they have done me personally. I am subject to the uric acid diathesis and when exposed to cold weather all day my skin is full of little bumps like a goose's skin, and I am annoyed at night with a terrible itching. By taking three of the Lithia tablets a day my skin is as smooth and free from itching as possible.

Doctor, I want a remedy for night sweats, the sweats come from a diseased lung. I have tried everything that I have seen recommended. Atropine won't do because it checks the bronchial secretions. Agaricin doesn't appear to suit the case. This patient suffers much at night, especially when the weather is damp. During the day she does very well. She has used a great many bottles of McArthur's syrup hypophosphites. There are times when nothing but alcohol will ease her.

Through the writings of Dr. Waugh, I have been led to use iodoform in lung disease, and with fine success in one case. After reading Dr. Waugh's article on the treatment of phthisis I sent immediately to you for granules of lactophosphate of lime for this case of night sweats. I like your journal and your granules.

T. Thompson, M. D.

Naples, Tex.

— : o : —

Lithia is an excellent remedy under suitable conditions. By some it is said to disturb digestion, but this position can hardly be sustained if care be exercised to obtain a good preparation and to use it largely diluted before meals. Any alkali given before meals tends to increase gastric secretion and aid digestion; while at the same time lithia is an excellent kidney stimulant, assisting powerfully in the elimination of uric acid. The doctor's own case is a good point in evidence.

We are pleased to note his success in the use of iodoform granules, following Dr.

Waugh. By the way, our readers will not be likely to go far wrong if they follow his advice very closely. Dr. Waugh has had an experience that comes to few. This, with his ability to grasp and make the most of every idea, places him high in authority in matters medical.

Nuclein will help your consumptive patient, doctor; so will the arseniates of iron and strychnine, more, I think, than McArthur's syrup, and they will largely aid agaricin and atropine to control night sweats. These sweats, being due to nervous relaxation, are often entirely controlled by the means indicated without the use of the specific agents mentioned.—Ed.

AN IMPORTANT POINT.

Editor Alkaloidal Clinic:—Though my lectures contained but little regarding Alkaloidal Medication I began their use when entering the practice, and your journal has been of much aid to me since I received the first copy published. The alkaloids make short work of acute diseases and it is rare that I visit an acute case more than once or twice. I prescribe and go home with a confidence which I never experienced before I learned the use of these "arms of precision." Remedies which I tried with no satisfaction when I began their use, I now use with entire confidence. I think it important that he who attempts the change to the "new" way should learn that it is not only the remedy used but the manner in which it is used that will determine results. I find the granules of equal value in chronic diseases and it is now rare for me to use a tincture or extract.

Dr. E. W. Ames.

Waverly, Mo.

— : o : —

Dr. Ames brings out an important point and he is exactly right. It is hard work to drive a square plug into a round hole, and it is likewise slow work carrying water in a sieve, and one cannot expect to use the "arms of precision" for the good there is in them after the idea of maximum dosage. In order to use this method successfully one

must properly apply the means and not be ashamed to avail himself of the literature obtainable, making use of its teachings even if they do at first seem puerile and far-fetched.

The principles of Alkaloidal Medication are simplicity simplified and the more one gets into the spirit of the subject the easier and more certain its application becomes. One should not expect to launch into perfect success at the outset. This is impossible. One can only grow into the certainty of the proper application of these important means of cure.—Ed.

A TRIBUTE TO ALKALOIDAL THERAPY.

Editor Alkaloidal Clinic:—I desire to thank you for your kind favors, especially the little emergency case of alkaloidal granules, received as a premium with the Clinic. I don't see how I got along without it for it is almost daily called into use. It is truly a little gem. I am comparatively a novice in the use of alkaloidal preparations, having commenced only about eighteen months ago; but thus far, as I have cautiously felt my way along in this advanced method, I have been gratified and delighted with the results obtained.

What an advance in pharmacy since I first entered the profession away back yonder in the fifties; and if diagnosis could only keep pace it would seem that medicine was approaching the status of exact sciences. Why should physicians longer dispense crude medicines and nauseate and disgust their patients to the discredit of themselves and their noble profession? Well, many of them know nothing of the better way and simply plod along in the old paths and others are too busy to investigate or are afraid to risk new methods with which they are not familiar; this last obstacle has sorely obstructed my own advance. I well recall carrying in my saddle-bags great bottles of pulverized Peruvian bark and having people swallow it by the spoonful and for an anodyne giving crude opium, while quinine and morphine were used very cautiously be-

ing considered very strong medicines. But who would return to powdered barks, roots and seeds now?

Truly we have many elegant and efficient preparations in tinctures, fluid extracts, etc., from such manufacturers as Parke, Davis & Co., Lloyd Bros. and others, but from long experience I know, and every physician knows, that we seldom get two specimens exactly alike in strength and therapeutic effect; hence their use is more or less a constant experiment, a trying of their quality, not knowing how much active principle each contains. With the alkaloids it is entirely different. Morphine is morphine always; quinine is quinine ever; strychnine is the same; and so with all the alkaloids from the whole vegetable materia medica. Then why not throw away the wood and dirt and use only the active agent that each contains, since chemistry gives it in such pleasant, accurate and convenient form?

When satisfied that a remedy is needed I have no hesitancy, no fear of not obtaining exact results from the alkaloidal granules, for they have never disappointed me in a single instance. Their effects are definite and certain and just as fast as I can make the change I shall use them exclusively wherever it can be done. Tablets, elixirs and many of the salts will still be used, of course, but most of the tinctures and extracts must soon give place to their active principles.

Dr. S. H. Bundy.

Dongola, Ill.

ALKALOIDS USED SUCCESSFULLY IN VERTIGO.

Editor Alkaloidal Clinic:—January, I was called to see Mrs. K., aged 45; found her suffering from a severe attack of vertigo of gastric origin. Although there were no dangerous head symptoms, the depression was very great; surface of body cold; circulation very feeble; dizziness so intense that I became somewhat alarmed at her condition. Here was an opportunity for the prompt use of the emergency case. For her weak circulation and cold surface, I concluded to flush the capillaries at once, so

I gave her one granule of glonoin, gr. 1-250, on her tongue, which to my surprise acted very promptly, so much so that it was not necessary to repeat the dose.

I then left calomel, gr. 1-6, one granule to be given every hour through the night (having been called about 8 p. m.) and then had bowels passed off thoroughly in the morning with Epsom salts.

The evacuation was copious and very bilious, after which the vertigo was somewhat relieved but still annoying, with vomiting. To control this I gave her two granules of morphine, gr. 1-12, two granules of atropine, gr. 1-500, with two granules of caffeine, gr. 1-67, with lime water every two hours. This acted like a charm, only taking two doses to control the vomiting. As the dizziness was yet somewhat troublesome, I put her on the following tonic: Two granules of quinine arseniate, gr. 1-67, two granules of caffeine, gr. 1-67, to be given every three hours for the first day and every six hours the second day. This relieved the vertigo entirely in two days. This lady is subject to these spells about every year or two, she tells me, and under the old treatment it usually took six or seven days to get relief.

This is my first case treated entirely by granules and I wish to add, Dr. Abbott, it was very gratifying, and from now on I shall give the method a thorough study and trial. I have your emergency case, which came very handy in the above instance. Please accept my thanks for same.

Chas. B. Weedman, M. D.

Nova, O.

— : o : —

It is truly astonishing how quickly a granule of glonoin will act when crushed and held upon the tongue and how promptly it will relieve cardiac depression. It is indicated in depressions of all kinds if skin is white. We are glad to have a report from your first trial, doctor, and hope you have had many more agreeable surprises by this time. Tell us about them.—Ed.

Send two dollars for the Clinic for one year and "Shaller's Guide to Alkaloidal

THAT "CRESCENT" FAKE AGAIN.

Editor Alkaloidal Clinic:—I see in February number of the Clinic, Dr. Dietrich's answer to Dr. Dowling's article in the January number. I am glad someone other than myself took it upon him to make the reply that Dr. Dietrich has made, especially as he made an examination of several individuals before writing his reply. Now, I have examined more than a dozen specimens of various degrees of blood, and have yet to find one in whom I failed to find the crescent. Fifty years ago this same sign of the crescent at the roots of the finger nails was a fad among many people in our part of Kentucky where we had several families supposed to be of mixed blood and really they were, as was satisfactorily proven and even admitted by many of the older individuals of some of these families. These families were well known to the writer sixty years ago, several members of these families having lived and worked in his father's family, both males and females; and it was then that the little crescent was first given as a sign of pure Caucasian blood.

It was acknowledged then, as I have often heard the older people say, and my father among them, that if the crescent was a true sign of pure white blood, then these people are of as pure blood as any of their neighbors. Again, I have living with me a boy nine years old whose father is a mulatto and whose mother is an octoroon, but who sprang from a family of as pure African blood as can be found, and this child has as well developed crescents at the roots of his nails as the purest white child in the town. Again, my father's old negro cook who died at the age of 69, and when I was fifty years of age, had as small and delicate a hand as most white women; and though old and of pure African blood retained the little crescents to the time of her death, though they had grown smaller and were not quite so distinct as formerly.

You will permit me to say I am more than ever pleased with the Clinic. The January number was a daisy, but all are good. The new mode of practice has come to stay, old

fogies to the contrary notwithstanding. Don't neglect your comments on articles written.

J. M. Blakesby, M. D.
Germantown, Ky.

— : o : —

Well, this settles it and we'll now drop the "crescent fad." We know what it isn't, but I doubt if any of us know what it is. Any more "fads" to show up? If so let us have them. Thank you, Doctor, for your words of appreciation of the Clinic. We all like to be spoken well of, particularly when we are working hard to deserve commendation. Something on medical matters for next Clinic, Dr. Blakesby, please.—Ed.

HEADACHE.

Editor Alkaloidal Clinic:—In January number I noticed an article with the above heading and I cannot help writing you regarding my experience. I have had quite a number of cases lately and am pleased to say they have been entirely relieved by the "little pills."

Nearly all of those treated by me have been suffering with constipation, although they say that the bowels move freely every day. I used Waugh's anti-constipation granules and in less than a week the results were surprising, even to myself.

Have applied the galvanic current with good results. I never use morphine for headaches. Perhaps Dr. G's case is similar to those I have had.

B. F. Burgess, M. D.
316 Van Ness Ave., San Francisco, Cal.

WARTS.

Chronic acid in strength of one hundred grains to the ounce of water is probably the best application we possess for the destruction of small warts or similar growths. This should be applied on a splinter of wood, match or toothpick, and the growth gradually saturated by frequent applications of the acid. In two or three days another application can be made if the first has not proved effective. It is especially to be recommended in venereal condylomata about the glans penis, vulva and anus.—Clinique.

URINARY INCONTINENCE.

Editor Alkaloidal Clinic:—I am a new recruit in the ranks of Clinic readers and it is needless to say that I am pleased beyond expectation.

A very obstinate case has been bothering me for some time and I would like to ask your assistance in it. A little girl four and a half years old with diurnal and nocturnal incontinence. At the time or just before urinating she will squat down and give a cry of pain. She is well nourished and has rosy cheeks. Appetite is good, with a peculiarity that she likes salt better than sugar and will eat it at all times. What is this symptom significant of? This is my third case with exactly the same symptoms and in all of them I have been unsuccessful. I have used brucine, hyoscyamine, atropine, cicutine, digestants and alkalies. Please let me hear from you direct and ask the readers of the Clinic for opinions. I wish to add that there is no stone in the case cited above.

Dr. O. B. Monosmith.

Loraine, O.

— : o : —

It hardly seems there can be any connection between the salt appetite and the urinary difficulty, but that the former is a mere habit such as children often form. This may not be the case, however. I do not now recall that I ever met with this peculiarity in similar cases.

The intense pain at the beginning of the act is like that caused by leakage of the sphincter vesicae in which a drop of urine passing into the urethra unexpectedly brings on tenesmus and the bladder must empty. The remedy for this is strychnine in good, large doses. This child may take from half to one granule of the arseniate, gr. 1-134, three to six times daily, combined with enough atropine sulphate to slightly dilate the pupils. Ergotin is a good remedy.

Let us keep track of this case, doctor. Please report for the next Clinic, and others suggest.—Ed.

Subscribe for the Clinic now.

PERIODICAL DIARRHEA.

Editor Alkaloidal Clinic:—I am suffering with what I would call a chronic, periodical diarrhea. It troubles me mostly at night and is accompanied by bleeding. Sometimes I can check it for three or four days, then it will return. I have no special pain but have to get up three or four times every night. I have used the "zinc and codeine compound" and many other remedies, yet it still returns. I have had no hemorrhage from my bladder since last August. Please help me. I am getting uneasy about it. Have been troubled in this way about three months, and I would be thankful to get rid of it. I have no external piles. The bleeding comes from up in the bowel.

Dr. J. R. Larkin.

Center, Texas.

— : o : —

Regular Clinic readers will recall the doctor's difficulty of last year and we are glad to know it was successfully treated by the Clinic. The present case is apparently one of rectal irritation, accompanied by nervous relaxation during sleep. For this a teaspoonful or two of seidlitz in a large drink of water every morning and three to six granules of strychnine arseniate, gr. 1-134, before meals, with a rectal enema at night of one-half of one teaspoonful of fluid extract of hydrastis in two ounces of water. The enema to be retained if possible. Try it, doctor, and report.—Ed.

UNUSUAL TOLERANCE OF GLONIN.

Editor Alkaloidal Clinic:—Having had a recent experience with glonoin that was somewhat peculiar, I will report it for the benefit of Clinic readers. My patient was a female, aged 71, with chronic endocarditis, thickening of valves and extreme obstruction to circulation. Pulse at wrist hardly perceptible; heart-beat double that of pulse-rate, with sense of suffocation at times terrible to witness. Probably contracted kidney. For the distress in breathing I gave her three of your glonoin granules hypo-

dermically, and in fifteen minutes two more, making in all 1-50 of a grain under the skin. I then ordered 1.100 every hour until they made themselves manifest in the face, which did not occur until midnight, making in all 14-100 besides the 1-50 given inside of fifteen hours. I also gave her sparteine, gr. 1-6, every three hours. I found her more comfortable this morning and ordered the glonoin, gr. 1-100, every two hours with sparteine the same as before. The heart had slowed down so that it and the pulse-beat were nearly equal. Heart rate 140, pulse 70.

I relate this to show the tolerance of glonoin and to show to what extent it is possible to push it when the case demands it. I have the urine under examination now. Treatment to be pursued iodides, nitrites, liquid diet and meet what other indications come along.

Dr. C. M. Rice.

Newton Falls, O.

— : o : —

Please tell us more about this case.—Ed.

THAT CASE OF BLADDER TROUBLE.

An Abortive Treatment of Erysipelas.

Editor Alkaloidal Clinic:—The case of bladder trouble, in which you so kindly advised me, through the kindness of Searle & Hereth Co., who forwarded me a bottle of Tritica, and your suggestions on page 28 of January Clinic, is, I think, cured. The medicine put in its work immediately. From the first day there was improvement and in about ten days the patient slept all night and could control the desire to urinate with very little inconvenience. I am much pleased with Tritica. I have waited to see if there would be a return of the trouble, but to date, now over three weeks, there seems to be none.

You asked for a treatment for erysipelas, quick, prompt and sure. Here it is: Prepare three ten-grain doses of calomel and three twenty to thirty-grain doses of potassium nitrate. Commence with calomel and

alternate every half hour till all are taken (dissolving the nitrate in water). No other treatment is necessary; but tincture of iron or arseniate of iron may be used if desired. In from six to nine hours the fever is gone, swelling stops and subsides, and disquamation commences in twenty-four hours.

This will be the result if taken at the start; if the case has advanced into the second or third day the same treatment internally and a powder of boracic acid and acetanilid, equal parts, is applied and covered with light cotton (or not as preferred). This is washed off daily, the part dried with a soft cloth and redusted. Usually the swelling, pain, etc., commences to subside almost immediately, and the head only has to heal over. Tincture of iron, arsenic and iron, etc., may be used if desired. I have seen no relapses, but the same internal treatment is to be repeated if there is a recurrence. This is not original with myself, having seen it recommended several years (fifteen) ago in the *Virginia Medical Monthly*; but it has been such a sure and pleasantly quick cure in my hands that I can recommend it to your readers.

Dr. Ben. H. Brodnax.

Brodnax, La.

— : o : —

This report is gratifying. The Clinic is always pleased to know when any information secured from its pages has been of help. We are particularly desirous that when our readers make use of any of the expedients advertised in Clinic pages they should report success or failure. We certainly owe that much to those who are pushing on and spending their money to introduce meritorious articles. Many make a mistake in thinking that they may only talk "Active Principles" through the pages of the Clinic. Not so. The Clinic is freely open to the discussion of legitimate, scientific, therapeutic measures. Tell us what you do, how you do it, why you do it, and with what success.—Ed.

Send us three new subscribers and we'll advance your subscription one year.

THE CLINIC, CASE REPORTS ILLUSTRATIVE OF THE ALKALOIDAL METHOD.

TREATMENT OF NERVOUS PROSTRATION AND CHOLERA INFANTUM.

Editor Alkaloidal Clinic: I received the premium pocket case some time ago and consider it a little friend that I have long wished for, but never found before. With my hypodermic syringe in one pocket and my case of alkaloidal granules in another I feel prepared to meet any emergency that may arise.

My experience with alkaloidal medication has as yet been limited, but in every instance where I have relied wholly on the "little pills" the result has been beyond my greatest expectations. In looking over my case book I find a few cases treated with the alkaloidal granules as a basis.

Case 1.—Miss G., nervous prostration, with insomnia, anemia, gastric derangement, extreme emaciation, etc. She gave a history of insomnia for months with excruciating headache coming on two or three hours after getting up. As long as she remained in bed with head low the pain in head was not so acute. Stomach would retain no food at all.

She had been through the entire list of coal-tar derivatives, such as antipyrine, antifebrine, phenacetin, etc., singly and combined, together with chloral, bromide, gelsemium, cannabis indica, etc., for the insomnia and cephalgia, with bismuth, lactopeptine, ingluvin, hydrochloric acid, etc., for the gastric derangement, and was steadily growing worse.

The headache being anemic I cautioned her to remain in bed for a week or ten days and gave her two granules of glonoin, gr. 1-250, three times a day to flush the cerebral vessels and to equalize the circulation. This acted like a charm, the pain being almost entirely controlled.

For the insomnia and when pain in head became severe, I gave one granule of morphine sulphate, gr. 1-12, every hour until relieved or sleep was produced. She never took more than two morphine granules in twenty-four hours and never at any time

knew that she was taking the drug. For her stomach I prescribed one-half teaspoonful each of sodium chloride and sodium bicarbonate in a pint of hot water to be taken one hour before breakfast and one hour before supper, with one granule quassin, gr. 1-67, before each meal, and three granules of arseniate of strychnine, gr. 1-134, combined with a teaspoonful of elixir lactopeptine after each meal.

Diet.—A glass of milk with a tablespoonful of powdered beef peptonoids from four to six times a day; port wine ad lib. Later, broiled beef tenderloin, soft boiled and poached eggs on toast, etc. She made a rapid recovery.

Case 2.—Cholera Infantum. I was called at 10 a. m. Aug. 10th, to see twins five months old. Mother had changed diet one week before, taking them from her breast and giving them cow's milk. One child died just as I stepped into the room and I thought for a time the other would soon follow.

On examination I found a typical picture of cholera infantum, i. e., sunken eyes and fontanelles; eyelids and lips open; emaciation so extreme, due to loss of fluids, that the skin lay in folds; high temperature; rapid pulse; restlessness due to failure of vital powers; bowels and stomach rejecting everything introduced.

I dissolved four granules of glonoin, gr. 1-250, two of digitalin, gr. 1-67, two of arseniate of strychnine, gr. 1-134, and fifteen of zinc sulphocarb., gr. 1-6, in twenty-four teaspoonfuls of water and directed one teaspoonful to be given every half hour for three times, then every three, four or six hours. I also instructed the nurse to combine four or five drops of camphorated tincture of opium with each dose of the above if bowels continued irritable and child very restless. As a cerebral stimulant I had them make some strong coffee and gave the little patient a few drops with its food. This, with appropriate artificial feeding, completed the cure.

My experience has been that when a stimulant is called for in such cases, coffee is superior to alcohol or caffeine.

In conclusion let me say the Clinic is so good that I am very much like Oliver Twist, i. e., "always wishing for more."

Dr. B. E. Neal.

New Harmony, Ind.

—: o:—

You will all agree that the Doctor is making a very good beginning. The selection of remedy in each case was very good, every drug being clearly indicated. Note particularly the use made of glonoin and do not let a Clinic reader be without it in his pocket. It will do what no other remedy will, and it will do it so quickly, pleasantly and safely as to be a surprise to the patient and a constant delight to the doctor as well.

It is presumable that the misguided mother gave her babies undiluted cow's milk. They so often do. It would be interesting to know in such an instance what method of artificial feeding was adopted with success. While no one method is suitable for all cases, the Clinic likes to get hold of every idea that is good.—Ed.

BLOOD DYSCRASIA WITH GRAVITY ULCERS.

Editor Alkaloidal Clinic:—I have just received a sample copy of your journal. Late-ly I have been reading all I could pick up on Alkaloidal Medication. I have been in practice thirty-five years and am tired of big doses. Having reformed myself, I hope to help reform others. I have a patient who, within the last year, has had twenty-seven ulcers on her legs below the knees. I can heal them, but no sooner are they well when others will break out. I have had her on alteratives and tonics with rest in bed. Would like your advice. I think the cause is anemias from nursing her daughter's sick child night and day for two years, with much loss of sleep.

W. D. Clement, M. D.

Woodstock, Ont.

—: o:—

No doubt you are right, Doctor, as to the cause of your patient's condition. Of course being on her feet so much gravity has had much to do with determining the

location of the lesion. Give her nuclein, one standard tablet every two hours, together with one each of strychnine arseniate or iron, gr. 1-67. This with rest, nourishing diet and a pair of Ideal Elastic Bandages to support the blood-vessels of her feet and legs, will be likely to put her right again. After the ulcers have healed and no new ones have formed for a month or two, fit her with a pair of elastic stockings to wear for some time. The stockings are no better than the bandages, but are less trouble to the patient and she may like them better.—Ed.

HYOSCYAMINE IN CHOREIC SPASMS.

Editor Alkaloidal Clinic:—For a recent case of simple chorea in a girl of thirteen, otherwise healthy, in good flesh, growing rapidly, with no attempt at menstruation, I gave hyoscyamine crystals, gr. 1-300 to 1-200, two to three times a day for a few days. I gave enough to stop the spasms and lessened the amount as the girl improved. She got well and has had no further trouble. Tell Clinic readers to try it. It is a good thing.

Dr. L. W. Hendershott,
Mill Shoals, Ill.

— : o : —

These cases of simple chorea are not uncommon and are due to irregularities of the nervous control attendant upon this period of life. These irregularities throw different groups of muscles into spasm, this distribution of force producing the peculiar movements seen in such cases, and hyoscyamine is just the thing. If actual lesion has taken place other remedies will be needed, but the Doctor's suggestion is for a recent case and as such it is a good one.—Ed.

Dear Dr. Abbott.—The case is at hand. I expected something rather nice, but my expectations are more than realized. It is a magnificent little beauty. Many thanks.

G. T. Richardson, M. D.
Cayuga, Ind.

Subscribe for the Clinic now.



As you read your journals, Doctor, make suitable clippings or abstracts for this department that we may give CLINIC readers much good in small space.

SCHLEICH'S METHOD OF LOCAL ANESTHESIA.

In the March Clinic, page 104, under the above heading we asked for the percentage composition of the solution used in this method of producing infiltration anesthesia. In response to this we have received a great number of replies. So many, in fact, that we have decided not to give space to the reproduction of any but simply to make a digest of the subject. Some have taken the trouble to submit drawings, etc., and to all we extend our thanks for the pains taken.

One of the first papers on this subject by Dr. Van Hook was published in the Medical News of Nov., 1895. So also the Medical World of February, 1896, gives editorial space to the formulas and the discussion of this method, which we quote:

"All operators have observed the instinctive dread which patients have of going into the state of unconsciousness and consequent anesthesia produced by inhaling the vapors of chloroform, ether and other allied substances. The condition is so like death (and occasionally passes into actual death) that one naturally feels somewhat uncertain about it and is the recipient of congratulations of friends when it is safely over. The surgeon himself, realizing the importance of the matter, shares the feeling of apprehension and does not advise the employment of anesthesia unless it is clearly necessary.

With the discovery of cocaine the production of local anesthesia was given a great impetus. However, it has its very narrow limitations and is itself a source of danger by systemic poisoning. However, we have now a new development in local anesthesia, or, rather, the improvement of an old idea, that promises to make general anesthesia unnecessary excepting for the most grave operations.

It has been long known that the injection of pure cold water into the skin or other tissue would, as long as the edema thus produced lasts, cause anesthesia of the edematous tissue, supposed to be by reason of the pressure upon the nerve structures. However, the introduction of the fluid itself causes pain, followed slowly by the development of anesthesia, which condition passes away in a short time. For the purpose of obviating these difficulties various drugs have been experimented with by Dr. Schleich, until finally a satisfactory result has been reached. The following three formulas are used:

(No. 1.) STRONG SOLUTION.

For operations upon inflamed or hyperesthetic areas, as carbuncles, abscesses, where the pain of infiltration would be very great:

R Muriate of cocainegr. 3
 Muriate of morphinegr. 1-3
 Chloride of sodiumgr. 3
 Distilled water enough to make
 oz. 3.

Sterilize by adding 3 drops of a 5 per cent. solution of carbolic acid.

(NO. 2.) STANDARD SOLUTION.

For surgical operations in general, and especially deep ones:

R Muriate of cocainegr. 1½
 Muriate of morphinegr. 1-3
 Chloride of sodiumgr. 3
 Distilled water enough to make
 oz. 3.

Sterilize by adding 3 drops of a 5 per cent. solution of carbolic acid.

(NO. 3.) WEAK SOLUTION.

For operations upon superficial areas not rendered hyper-sensitive by inflammation, as in the removal of a nevus, etc.:

R Muriate of cocainegr. 1-6
 Muriate of morphinegr. 1-12
 Chloride of sodiumgr. 3
 Distilled water enough to make
 oz. 3.

Sterilize by adding 3 drops of a 5 per cent. solution of carbolic acid.

The cocaine renders the tissues anesthetic at once, although that is evanescent, yet the morphine serves to hold the effect, and the

edema and pressure caused by the large injection make the anesthesia complete for about twenty to thirty minutes.

It is necessary to have a large hypodermic syringe for this purpose. Even the pain of the initial puncture of the large needle may be prevented by previously injecting a few drops of the ordinary 4 per cent. solution with a small syringe. As cold helps to produce and prolong the anesthesia, it is better that the solution should be made ice cold, if convenient. Any amount needed of the fluid thus prepared may be injected, even up to the entire three ounces.

Dr. Bransford Lewis, of St. Louis, in an article in the Medical Standard, giving his experience in the use of this method, gives the following practical points:

'Every tissue of the body, without exception (skin, muscle, gland, mucous membrane, nerves, etc.), becomes insensible to pain when infiltrated in the manner described. This obtains for bone and the hard structures as well as the soft ones. Bone is reached either through infiltrating its periosteum or by injecting into the medulla. Nerve trunks are anesthetized separately, first by applying 5 per cent. carbolic acid solution and then through this inserting the needle and fluid.

'Only the infiltrated, artificially edematous tissue is anesthetic, the tissues just outside retain normal acuteness or sensibility. Consequently in the course of an operation, with absorption of the infiltrated fluid, it is necessary to renew the injections or extend their area coincidently with the operative field.

'With the proper fluid anesthesia ensues immediately on its being introduced into the tissues and lapse of time is not requisite for developing insensibility. This again is in marked contrast to the effect of the older methods of producing anesthesia. Its advantage is great.

'Anemia resulting from the method, there will be less bleeding (oozing) than under ordinary circumstances. Distortion of the tissue from the infiltrated fluid does not cause any especially increased difficulty in securing and tying or twisting bleeding

vessels. Nevertheless, in operating in deeper structures, care must be taken to avoid risk of piercing blood vessels, nerves, etc.'

This is the method which we mentioned some time ago, stating that Professor Parvin had allowed a demonstration of it to be made upon himself before the Philadelphia County Medical Society, allowing a deep cut to be made in his arm and sewed up under this infiltration method of producing local anesthesia.

It appears that we have witnessed another of those great discoveries which mark the rapid progress of medical and surgical science. In the early years of this century patients had to be held by several assistants while the operation was performed, while their agonizing screams gave additional distress to all around. Now they can read a newspaper while it is going on or watch it with the interest which they may naturally be supposed to take in it."

— : o : —

These solutions are easily prepared and will keep very well. John Wyeth & Bro., Parke, Davis & Co. as well as other manufacturing pharmacists with characteristic enterprise are already prepared to supply working tablets from these formulas from which extemporaneous solution may be prepared.—Ed.

THE COLD BATH IN ACUTE ARTICULAR RHEUMATISM.

Every physician is familiar with the appearance of a rheumatic joint; red, puffed and glistening. The difficult and tedious task of reducing a rheumatic joint to its natural size and utility is also well known by most practitioners. Speaking from a personal standpoint and also from experience the application of ice water when properly employed is one of the most valuable of all methods in the treatment of an highly inflamed rheumatic joint. To get satisfactory results the joint must be bathed regularly and systematically. In a very recent case in a young man with a very badly swollen knee I ordered it bathed in ice water for five minutes once every hour, to be thoroughly rubbed afterwards and at the expiration of

one week the joint had almost returned to its natural size. The application of ice water is much more pleasant and agreeable to the patient than liniments, flannels, stupes, etc. Cold water acts as a sedative and antiphlogistic to local inflammations.—Editor The Charlotte Medical Journal.

— : o : —

I can fully endorse the claim of our able friend of the C. M. J. There's nothing like it. The use of cold water—the colder the better—will double the efficiency of any line of treatment. Don't be afraid of it.—Ed.

GERMAN MEASLES.

A symptom by which rotheln is most easily distinguished is an enlarged postauricular gland in the region of the retrahens aurem muscle. Occasionally there is a swollen gland behind both ears but more often but one is found. I have never found either swollen in measles or scarlatina.

The swollen gland has the size and shape of a bean; this symptom is most always present at the first visit of the physician, but if not found then, can be within twenty-four hours.—Medical Brief.

BLACK EYE.

There is nothing to compare with the tincture or strong infusion of capsicum annuum mixed with an equal bulk of mucilage or gum arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.—The Railway Surgeon.

A THERAPEUTIC PRICE LIST.

One of the most comprehensive of its kind, has just been completed by the Abbott Alkaloidal Co., and will be sent free on request.